



LANCASHIRE COUNTY COUNCIL

REPORT

OF THE


MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1958

(Presented to the County Council, 5th November, 1959)

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PUBLIC HEALTH AND HOUSING COMMITTEE (1958-59)

The Chairman of the County Council :

COUNTY ALDERMAN A. SMITH, C.B.E., J.P.

The Vice-Chairman of the County Council :

COUNTY ALDERMAN SIR ALFRED BATES, M.C., D.L.

The Chairman of the Finance Committee :

COUNTY COUNCILLOR J. SELWYN JONES, J.P.

The Chairman of the Health Committee :

COUNTY ALDERMAN T. HOURIGAN, J.P.

Chairman of Committee :

COUNTY ALDERMAN J. W. THORLEY

Vice-Chairman :

COUNTY COUNCILLOR F. L. NEEP

County Aldermen :

W. BANNISTER, Esq.

H. J. BRETT, Esq.

SIR THOMAS TOMLINSON, J.P.

LADY WORSLEY-TAYLOR, C.B.E., J.P.
(to 4.11.58)

County Councillors :

G. L. ANNETT, Esq.

S. J. BARGH, Esq., J.P.

C. BETHELL, Esq.

H. M. F. CARRINGTON, Esq., T.D.

G. H. DEARDEN, Esq.

Mrs. E. FORRESTER, J.P.
(died 29.12.58)

A. HALLIDAY, Esq.

T. G. HARRISON, Esq., J.P.

K. H. HINDLE, Esq.

T. JACKSON, Esq. (from 4.11.58)

T. JAMESON, Esq.

F. W. LAND, Esq. (from 4.11.58)

S. LANZ, Esq.

Dr. B. LEE (*resigned* 9.9.58)

J. LOMAX, Esq.

H. P. MINTON, Esq.

M. J. MOORE, Esq., M.Sc., J.P.

E. MOORES, Esq.

W. MYERS, Esq.

Miss F. M. OPENSHAW, J.P.

F. SIMPSON, Esq.

R. SPENCER, Esq.

W. STARKIE, Esq.

J. H. S. TERRY, Esq.

E. VALENTINE, Esq. (to 9.7.58)

F. WHITWORTH, Esq.

J. WYLLIE, Esq., J.P.

HEALTH COMMITTEE (1958-59)

The Chairman of the County Council :
COUNTY ALDERMAN A. SMITH, C.B.E., J.P.

The Vice-Chairman of the County Council :
COUNTY ALDERMAN SIR ALFRED BATES, M.C., D.L.

The Chairman of the Finance Committee :
COUNTY COUNCILLOR J. SELWYN JONES, J.P.

The Chairman of the Public Health and Housing Committee :
COUNTY ALDERMAN J. W. THORLEY

The Chairman of the Lancashire Education Committee :
COUNTY ALDERMAN MRS. K. M. FLETCHER, M.A., J.P.

The Chairman of the School Health Sub-Committee :
COUNTY ALDERMAN J. BRADLEY, J.P.

Chairman of Committee :
COUNTY ALDERMAN T. HOURIGAN, J.P.

Vice-Chairman :
COUNTY ALDERMAN H. LORD, M.B.E., J.P.

County Aldermen :

S. C. BOTTOMLEY, Esq.
A. L. CHEALL, Esq.
W. J. GARNETT, Esq., J.P., D.L.

P. JONES, Esq. (*resigned 25.2.59*)
Mrs. K. LOWE, J.P.
LADY WORSLEY-TAYLOR, C.B.E., J.P.

County Councillors :

F. AINSWORTH, Esq.
S. H. BAKER, Esq., J.P.
S. J. BARGH, Esq., J.P.
W. BROWNBILL, Esq. (*resigned 16.10.58*)
A. CRITCHLEY, Esq.
H. DAVIES, Esq.
G. H. DEARDEN, Esq.
J. P. ENNIS, Esq., J.P.
C. FERRAND, Esq., J.P.
J. W. GEERE, Esq., J.P.
B. GREENWOOD, Esq., T.D., M.A.
J. B. HAIGH, Esq.
Mrs. E. HANLEY, M.B.E., J.P.
T. G. HARRISON, Esq., J.P.

S. HIGSON, Esq.
T. JACKSON, Esq.
Mrs. M. M. C. KEMBALL, J.P.
Mrs. W. KETTLE, J.P.
G. H. LUPTON, Esq.
Mrs. M. MOORES, J.P.
G. E. PAILIN, Esq., J.P.
Mrs. C. M. PICKARD, J.P.
Mrs. J. M. RATCLIFFE
J. SHEPHERD, Esq. (*from 16.10.58*)
Mrs. S. A. SIDEBOTTOM
R. SPENCER, Esq.
J. S. WADSWORTH, Esq.
R. WEBSTER, Esq. (*died 24.1.59*)

Members appointed by :

Lancashire Non-County Boroughs Association :

MRS. V. B. DICKINSON, J.P.

|

W. H. FLOWERS, Esq., M.B.E., M.M.

Lancashire Urban District Councils Association :

W. R. MARSH, Esq., J.P.

|

J. H. WALL, Esq., J.P.

Lancashire Branch of Rural District Councils Association :

W. HELME, Esq., J.P.

|

B. S. WILLIS, Esq.

*Lancashire Executive Council :*Dr. A. OWEN (*resigned 30.9.58*)

|

Mrs. B. F. WIGNALL, M.B.E.

A. WALTON, Esq., J.P. (*from 3.11.58*)*Lancashire County Local Medical and Panel Committee :*

DR. H. SOUTHWORTH

Voluntary Organisations for the Care of Old People :

Mrs. P. HARROP

|

Miss K. C. PARKER

(One vacancy)

COUNTY HEALTH STAFF (As at 31st December, 1958)
(Jointly with School Health Service)

County Medical Officer of Health and Principal School Medical Officer :
S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law

Deputy County Medical Officer and Deputy Principal School Medical Officer :
T. P. SEWELL, *T.D.*, M.D., Ch.B., D.P.H.

Chief Assistant County Medical Officers :
R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.
IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H., D.P.H.
T. S. JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Divisional Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWITH, M.R.C.S., L.R.C.P., D.P.H. H. G. ROBINSON, M.B., Ch.B., D.P.H.
2	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	J. V. DYER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. *W. G. HOWSON, M.B., Ch.B. *W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H. F. SIMM, M.R.C.S., L.R.C.P. MARGARET M. TIMPANY, M.B., Ch.B., D.P.H.
3	C. R. WILSON, M.B., Ch.B., D.P.H.	E. A. R. BERKLEY, <i>T.D.</i> , M.R.C.S., L.R.C.P. JANE J. CONNOLLY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. SHEILA P. DAIN, M.B., Ch.B. J. K. DOHERTY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. *H. KEMPSEY, M.B., Ch.B.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	EILEEN M. BEIRNE, M.B., B.Ch., B.A.O., D.P.H. DORIS J. BLACK, B.A., M.B., B.Ch., B.A.O. *MARGUERITE E. CLIFF, M.D., Ch.B., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H. *JEAN ROBSON, M.B., Ch.B., D.C.H. MORFUDD E. THOMAS, B.Sc., M.B., B.Ch.
5	R. C. WEBSTER, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	J. R. BROWN, M.B., Ch.B., M.R.C.S., L.R.C.P. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. *C. ROYLE, M.B., Ch.B., D.C.H. P. M. SAMMON, M.B., Ch.B., D.P.H. SHEILA M. WHEELER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.Obst.R.C.O.G., D.P.H.
6	R. E. ROBINSON, M.A., M.R.C.S., L.R.C.P., D.P.H.	B. BOWMAN, M.B., Ch.B. A. D. KELLY, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.H. AMY M. BAIRD, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	JEANNETTE DIAMOND, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. LILIAN W. HUGHES, M.B., Ch.B. R. E. JONES, M.B., Ch.B., D.P.H. SUSAN H. MONTGOMERY, M.B., Ch.B. J. D. WILLINS, M.B., Ch.B., D.P.H.
8	G. H. POTTER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	*G. A. FULTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. C. HARRIS, M.B., B.Ch., B.A.O., D.P.H. D. W. J. O'NEILL, M.B., Ch.B., M.R.C.S., L.R.C.P. N. T. W. POVER, L.M.S.S.A., L.R.C.S., L.R.F.P.S., D.P.H.

* Part-time

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
9	F. W. BUNTING, <i>M.B.E.</i> , M.D., Ch.B., D.P.H.	JANET M. DONALD, M.B., Ch.B., D.Obst.R.C.O.G. PATRICIA F. M. B. GOULD, M.B., Ch.B., D.P.H. JOAN KNOWLES, M.B., Ch.B., D.P.H. J. F. MCGOVERN, M.B., M.Ch., B.A.O., D.P.H. J. M. V. PACKER, M.B., Ch.B., D.P.H. W. A. POLLITT, M.R.C.S., L.R.C.P., D.P.H.
10	A. C. CRAWFORD, <i>T.D.</i> , M.B., Ch.B., D.P.H., D.T.M.	HELEN G. M. BENNETT, M.B., Ch.B., D.P.H. EVANGELINE T. MORAHAN-SMIDDY, M.B., B.Ch., B.A.O. J. H. M. TILLEY, M.A., M.B., B.Chir., D.P.H.
11	E. TAYLOR, M.B., Ch.B., D.P.H.	*R. S. DAVIDSON, M.R.C.S., L.R.C.P., D.P.H. E. DESMOND, M.B., B.Ch., B.A.O., L.M., D.P.H. JEAN M. EDWARDS, M.A., M.B., Ch.B., D.P.H. BESSIE HOWARTH, M.B., Ch.B. SHEILA L. MCKINLAY, M.B., Ch.B., D.C.H. EILEEN REDDY, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
12	C. H. T. WADE, B.Sc., M.D., Ch.B., D.P.H.	*MARGARET ARMITSTEAD, M.B., Ch.B., D.P.H. A. S. DUNN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.C.H., D.P.H. JEAN F. DUNN, M.B., Ch.B. *BERYL EDGECOMBE, M.B., Ch.B., D.P.H. KATHLEEN M. C. HAIGH, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H. *W. S. HAYDOCK, B.A., M.D., B.Ch. B.A.O., D.P.H. P. G. HOLT, M.B., Ch.B., D.P.H. *CECILIA F. G. WILD, M.B., Ch.B., D.P.H.
13	G. FYFE, M.B., Ch.B., D.P.H.	BERYL A. BARLOW, M.B., Ch.B., D.P.H. *J. BROOKS, M.R.C.S., L.R.C.P., D.P.H. MARGARET A. FEENY, M.B., B.Ch., B.A.O., L.M., D.P.H. A. H. SIPPERT, M.B., Ch.B.
14	T. P. O'GRADY, M.B., B.Ch., B.A.O., D.P.H.	G. R. BRACKENRIDGE, M.B., Ch.B. W. R. FALCONER, M.B., Ch.B., D.P.H. H. R. W. MILLER, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. T. W. SHERRATT, M.R.C.S., L.R.C.P., L.D.S. *J. SIMPSON, M.D., Ch.B., D.P.H. D. H. VAUGHAN, M.B., Ch.B., D.P.H.
15	W. J. ELWOOD, M.B., B.Ch., B.A.O., D.P.H.	H. DIGGLES, M.B., Ch.B., D.P.H. *R. GARDNER, M.R.C.S., L.R.C.P. L. G. NICOL, M.R.C.S., L.R.C.P., D.P.M., D.P.H. OLIVE M. THOMAS, M.B., Ch.B., D.P.H. D. WILD, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
16	W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.	MARJORIE T. DARE, M.B., Ch.B., D.P.H. BARBARA M. KNIGHT, M.B., Ch.B., D.P.H. R. SCHOFIELD, M.B., Ch.B., D.C.H. BARBARA J. WALKER, M.B., Ch.B., D.C.H.
17	A. S. SIMPSON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.	HAZEL I. ASHFORD, M.B., Ch.B., D.P.H. A. D. BOSTOCK, M.B., Ch.B., D.P.H. MARY EVANS, M.B., Ch.B., D.P.H. J. E. MORRIS, B.Sc., M.B., B.Ch., D.C.H., D.P.H. *ELIZABETH C. SMITH, M.A., M.B., Ch.B., D.P.H.

Principal School Dental Officer :
L. B. CORNER, L.D.S., R.C.S.E.

Dental Officers :

R. ACKERS, L.D.S.	*N. JOCHNOWITZ, L.D.S.
H. J. APPELYARD, L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.	L. A. JONES, L.D.S.
T. N. ASHALL, L.D.S.	*L. LEVER, L.D.S.
T. A. M. ASHMAN, L.D.S.	*BERYL LEVY, L.D.S.
H. S. ASHWORTH, L.D.S.	W. A. LINNELL, L.D.S.
*J. BARCROFT, L.D.S.	MARGARET LORD, B.D.S.
*JACQUELINE J. BROWN, L.D.S.	*J. S. MARSDEN, L.D.S.
JOAN M. BULLOUGH, L.D.S.	*R. MARSHALL, B.D.S.
A. E. BUTLER, L.D.S.	*L. MASON, L.D.S.
MARGARET E. CALDWELL, L.D.S.	*KATHLEEN R. MAXFIELD, L.D.S.
*R. CHURNEY, L.D.S.	J. OGDEN, B.D.S.
E. CROSBIE, L.D.S.	MARY M. PELLATT, L.D.S.
*P. F. CUNNINGHAM, L.D.S.	KATHLEEN PLATT, L.D.S.
F. J. W. DEWHURST, L.D.S.	A. W. POOLE, L.D.S.
G. ENTWISTLE, L.D.S.	B. H. REID, L.D.S.
G. R. FAIRCLOUGH, L.D.S.	*MAGGIE ROBINSON, L.D.S.
*A. M. FLETT, L.D.S.	*P. D. ROBINSON, L.D.S.
*H. GIBSON, L.D.S.	G. C. ROYLEY, L.D.S.
*L. GLICKMAN, L.D.S.	MARY B. SCOTT, L.D.S.
*B. GOODMAN, L.D.S.	H. O. SILCOCK, L.D.S.
L. B. HALL, B.Sc., L.D.S.	I. D. J. SMITH, L.D.S.
C. V. HEAP, L.D.S.	*L. E. STIRZAKER, L.D.S.
*J. HEYES, L.D.S.	*G. K. TAYLOR, L.D.S.
J. S. HIGHAM, B.D.S.	*ALICE M. D. TOMLINSON, L.D.S.
*N. P. HILTON, L.D.S.	*A. D. TORRY, L.D.S.
*A. HODGKINSON, L.D.S.	H. V. O. TRENBATH, L.D.S.
R. E. HODGSON, B.D.S.	A. C. WALKER, L.D.S.
*N. HOY, L.D.S.	C. R. WHEELER, L.D.S.
*A. L. HUTTON, B.D.S.	SUSAN J. S. WOOD, L.D.S.
	BERTHA D. WORSWICK, B.D.S.

* Part-time

Ophthalmic Surgeons (part-time) :

E. ALLAN, M.B., Ch.B.	J. N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
H. B. BARKER, M.B., B.S., M.R.C.S., L.R.C.P.	E. J. MITCHELL, M.B., Ch.B., D.O.
J. BERKSON, M.B., Ch.B., D.A., D.O.M.S.	J. H. MOORHOUSE, M.B., Ch.B., D.O.M.S.
T. S. BLACKLIDGE, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.	J. MORRISON, M.B., Ch.B.
B. BOAS, M.D.	D. PLUM, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
PHOEBINA BRITTAİN, B.A., M.B., B.Ch., B.A.O.	DOROTHY PURSER-SMITH, M.B., Ch.B.
J. M. BRODRICK, M.R.C.S., L.R.C.P.	D. RANKINE, M.B., Ch.B.
T. CHADDERTON, M.R.C.S., L.R.C.P., D.O.M.S.	RHONA A. REID, M.A., M.B., Ch.B., D.O.
J. D. E. EDWARDS, M.B., Ch.B., D.O.M.S.	G. A. RENWICK, M.B., Ch.M.
W. G. L. FLATHER, M.B., Ch.B., D.O.M.S.	R. S. RITSON, M.A., M.B., Ch.B.
L. B. HARDMAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.	T. E. SHANNON, M.B., B.Ch., B.A.O., D.O.M.S.
H. C. KODILINYE, M.B., Ch.B., D.O.M.S., D.O.	H. B. SMITH, M.B., B.Ch., B.A.O., M.Ch. (Ophth.), D.O.M.S.
V. T. LEES, M.B., Ch.B., D.O.M.S.	S. S. SUMNER, M.B., Ch.B., F.R.C.S., L.R.C.P. L.R.F.P.S., D.O.M.S.
MONICA LOW, M.R.C.S., L.R.C.P., D.O.M.S.	H. V. WHITE, M.C., M.D., Ch.B., L.M.S.S.A.
N. MACINNES, M.A., M.B., Ch.B.	J. M. WISHART, M.B., Ch.B., F.R.C.S.

Consultant Obstetricians :

W. R. ADDIS, M.C., M.B., Ch.B., F.R.C.O.G.	T. E. LENNON, M.D., Ch.B., M.R.C.O.G.
H. B. BAGSHAW, M.A., M.B., B.Chir., F.R.C.S., L.R.C.P., M.R.C.O.G.	DOREEN M. MARTIN, M.B., Ch.B., M.R.C.O.G.
R. H. J. M. CORBET, M.B., B.Ch., M.A.O., F.R.C.S., F.R.C.P., F.R.C.O.G.	W. M. MARTIN, M.C., M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
H. V. CORBETT, M.Sc., M.D., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G., M.M.S.A.	G. W. H. MILLINGTON, M.B., Ch.B., M.R.C.O.G.
W. P. G. DICKSON, M.B., Ch.B., M.R.C.O.G.	W. A. ROBSON, M.B., Ch.B., M.R.C.O.G.
MARY EVANS, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P. M.R.C.O.G.	G. R. STONEHAM, M.B., Ch.B., F.R.C.O.G.
R. EVERETT, M.B., Ch.B., F.R.C.S., F.R.C.O.G.	LUCY M. SUTCLIFFE, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
F. R. FAUX, M.B., Ch.B.	W. EWART C. THOMAS, B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., M.R.C.O.G.
BETTY HARGREAVES, M.B., Ch.B., M.R.C.O.G.	H. S. WATERS, M.A., M.B., B.Chir., F.R.C.S., F.R.C.O.G.
R. L. HARTLEY, M.D., Ch.B., F.R.C.S., M.R.C.O.G.	A. T. WILSON, M.B., Ch.B.
H. C. HASLAM-FOX, M.B., Ch.B.	J. H. YOUNG, M.D., Ch.B., D.T.M. & H., D.Obst.R.C.O.G.
S. B. HERD, M.D., Ch.B., F.R.C.O.G.	

Chief Lay Administrative Officer :

F. V. ROBINSON

Welfare Services Organiser :

F. CLARKSON

Ambulance Service Organiser :

T. PEARSON

County Sanitary Officers :

J. C. ALMOND J. ECKERSLEY T. PICKERING D. B. SOUTHWORTH
AND 4 ASSISTANT COUNTY SANITARY OFFICERS

Supervisor of Midwives :

MISS V. R. SHAND

1 DEPUTY AND 1 ASSISTANT SUPERVISOR

Superintendent Health Visitor and School Nurse :

MISS P. C. L. GOULD

1 DEPUTY AND 3 ASSISTANT SUPERINTENDENTS

Superintendent of Home Nurses :

MISS L. JONES

1 DEPUTY AND 7 ASSISTANT SUPERINTENDENTS

*327 HEALTH VISITORS/SCHOOL NURSES

34 TUBERCULOSIS VISITORS

178 MIDWIVES

357 HOME NURSES

57 NURSE/MIDWIVES

3 NURSES (COMBINED DUTIES)

53 MATRONS OF DAY NURSERIES

5 SUPERVISORY ASSISTANTS (AMBULANCE SERVICE)

42 DULY AUTHORISED OFFICERS/MENTAL HEALTH WORKERS

7 MENTAL HEALTH WORKERS

28 HOME HELP ORGANISERS AND WELFARE WORKERS

17 DIVISIONAL WELFARE ORGANISERS

42 HOME TEACHERS OF THE BLIND

21 SUPERVISORS OF TRAINING CENTRES

54 WARDENS OF HOSTELS AND

OTHER ACCOMMODATION FOR THE AGED AND INFIRM

* Includes 36 engaged in school nursing only

County Analyst :

G. H. WALKER, Ph.D., B.Sc., F.R.I.C.

REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1958

To the Chairman and Members of the Lancashire County Council.

I have the honour of presenting for your consideration the seventieth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1958, together with the vital statistics relative to that period.

The past year was the tenth since the implementation of the National Health Service and National Assistance Acts which came into operation on the 5th July, 1948. These Acts, landmarks in the evolution of the health and welfare services in this country, by placing new responsibilities upon and greatly expanding the services already administered by the major local authorities, brought about profound changes and developments in the health and welfare services of the County Council. It is, therefore, not inappropriate in this introduction to the Annual Report for 1958 to review briefly the general trends and developments which have occurred during the decade.

The steps by which the integration of the services provided by the County Council, the local authorities and other public and voluntary bodies was brought about and important new services established have been fully described in previous Annual Reports and it is sufficient to say that, considering the magnitude of the task which confronted the Health Committee and their officers at that time, the changes were accomplished remarkably smoothly and with expedition. It was not, however, until the beginning of 1949 that the general pattern of the health and welfare services became apparent and the various services began to function with full effect. Nor indeed until 1949 could any reliable data be accumulated as a basis for assessing progress during the succeeding years. Such comparisons as follow are, therefore, linked with 1949—the first complete year of the new health and welfare services.

Looking back over the last ten years, it can rightly be claimed that considerable progress has been made in the development of almost every branch of the health and welfare services and this despite many problems and difficulties, not least of which have been the limited resources of manpower in certain fields and, for much of the time, severe restrictions on expenditure, particularly expenditure of a capital nature. Some idea of the amount of the development which has taken place can be gauged by the money required to provide the necessary services. In the financial year 1949–50 the gross financial requirements of the health and welfare services provided by the County Council from revenue amounted to £2,000,794. By 1958–59 this figure had risen to £4,729,446—an increase of over 136 per cent. These sums do not, of course, take into account new capital expenditure which, despite the limitations mentioned above, amounted over the period 1st April, 1949, to 31st March, 1959 to £2,500,628.

That such progress has been made in a relatively short period is due to the policies of the Health Committee and also reflects credit on the Divisional Health Committees who have implemented those policies and applied themselves to the setting up, consolidation and administration of a large range of health and welfare services which can justifiably be regarded with pride.

Whilst the effect of the various services on the health and well-being of the public generally is not always immediately apparent, it is of interest to consider the progress made in the provision of the services and in their utilisation by the public which, by the very nature of things, must have contributed in no small measure to their happiness and well-being. It is, therefore, interesting to look at a few facts and figures which typify the development which has taken place.

At the end of 1949 there were in operation 179 child welfare centres throughout the County providing during the year 10,235 sessions at which children under five years of age made 475,381 attendances. During 1958, 566,549 attendances were made by pre-school children at the 12,986 sessions held in 236 centres.

In the field of health visiting, despite recruitment difficulties, development has been steady and the scope of the work of the health visitor has been very considerably widened. Apart from their work with mothers and young children the health visitors in 1958 made no less than 60,134 visits to adults compared with 14,003 in 1949. Visits to mothers and young children in 1958 numbered 15,673 and 442,286 respectively as against totals of 11,424 and 281,313 in 1949. All this additional work naturally required the strengthening of the health visiting staff, which in 1949 numbered 222, to 299 in 1958, this number, however, still being below the establishment of 378.

One of the biggest developments has occurred in the home nursing service, which, with its 295 nursing staff in 1949 attending 36,428 cases and making 760,919 visits, had grown by the end of 1958 to such an extent as to utilise the services of 414 nurses to attend to the needs of 47,478 patients to whom they paid 1,297,232 visits.

In the period immediately following the removal of the compulsory provisions for vaccination against smallpox, the acceptance rate amongst infants was only 19·3 per cent. The effect of health propaganda, particularly by means of personal contact by health visitors and the advice given by family doctors and the divisional medical staffs, stimulated no doubt by the occurrence of cases of smallpox in one or two districts in 1952 and 1953, has done much to arouse public interest in the need for protective vaccination. Thus, by 1958 the numbers of primary vaccinations, not only of infants but of all age groups, had risen by over 170 per cent. above those in 1949 and the infant vaccination acceptance rate had increased to 46·5 per cent.—an all-time record.

The impact of the measures to reduce the incidence of and mortality from diphtheria by means of immunisation has been tremendous, as the fall in the numbers of cases and deaths amply testifies, although of late there has been a tendency for the total numbers coming forward for primary immunisation to decline somewhat. This trend is probably attributable in part to the near extinction of the disease and in part to the drive directed towards vaccinating as many as possible of the younger population against poliomyelitis.

In April, 1955, it was decided to introduce immunisation against whooping cough throughout the County area. Before that time a certain amount of work in this direction had been done in only a few districts in the County. Opportunity was taken of allowing the injections of pertussis vaccine to be combined with diphtheria and/or tetanus antigens and the outcome was not only a good response to protection against whooping cough but also a welcome boost to the demand for diphtheria immunisation. By the end of 1958 38·8 per cent. of the child population under five years of age had been immunised against whooping cough.

As regards protection against diphtheria, the number of children primarily immunised during 1949 was 31,727 and a further 24,855 received a reinforcement injection. At the end of that year 64·7 per cent. of the child population under 15 years had at some time been immunised—50·7 per cent. of those under five years and 73·5 per cent. of those aged 5–14 years. During 1958, whilst a total of 27,010 children were primarily immunised and a further 19,195 were given a reinforcement injection, the immunisation state showed that 75·9 per cent. of the total child population had at some time been given protective inoculations, *i.e.*, 54·7 per cent. of the under five year group and 86·0 per cent. of those between the ages of five and 14 years.

Considerable development has taken place during the last decade in the use of B.C.G. vaccination against tuberculosis. In 1954 the County Council's proposals for the vaccination of school children of 13 years of age were approved and by the end of 1955 almost 1,000 children from 27 schools had been tested and 694 vaccinated with B.C.G. During 1958, 7,574 children from 203 schools were tested and 5,280 vaccinated, giving a grand total over the 3½ years the scheme has been in operation of 18,112 children having been tested and 12,640 vaccinated.

These figures, though encouraging, are not as high as could be desired and this important work needs to be developed further. Inevitably the scheme referred to below relating to protection against poliomyelitis, though excellent in itself and most desirable, has had an adverse effect upon the progress of the B.C.G. vaccination programme during the year on account of its making prior demands on the time of the limited medical staff available.

A further advance in the protection of children against individual infectious diseases was introduced in 1956 when the Ministry of Health decided to make available vaccine designed to give protection against poliomyelitis. By reason of the limitation of supplies of vaccine and the decision to avoid giving injections during those months of the year when the disease is prevalent, vaccinations were only carried out during two months of that year and then only in relation to certain specified age groups of children. Thus, by the end of 1956, whilst some 79,500 children had been registered for vaccination, only 8,721 had been completely vaccinated. The limited availability of supplies of vaccine considerably retarded the progress with regard to vaccinations in the early part of 1957, but the position improved later in the year to such a degree that it was found possible to offer vaccination to further categories of children and also to expectant mothers. Finally, in 1958, it was decided to import supplies of vaccine from Canada and the U.S.A. This gave a considerable impetus to the vaccination programme and enabled vaccination to be offered to persons up to 25 years of age and certain other special categories of adults, and provided for those primarily vaccinated to be given a third injection. Thus, by the end of 1958, 295,599 individuals had registered for vaccination, of whom 240,348 or 81 per cent. had been fully vaccinated; 19,651 had received a first injection and some 21,835 had had a third or booster injection.

Another important development during the last decade has been in regard to the ascertainment of deafness in children at an early age and to this end in 1956 a special clinic staffed by a medical officer specially trained in this work was established in Fulwood to cater for the northern part of the County, the children in the southern part already being provided for at the Department of Education of the Deaf at Manchester University. Intensive training of health visitors to enable them to carry out screening tests to confirm that young children have normal hearing was also commenced. By the end of 1958 the demands on the Fulwood clinic had increased considerably and it had been found necessary to increase the number of diagnostic sessions. The total number of children dealt with to that time was 10,597 of whom 31 were diagnosed as deaf.

At the end of 1949 there were 53 day nurseries provided by the County Council with 2,476 children on the registers and a waiting list of 3,268. At that time preference was given to the children of women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. By 1951 the number of nurseries had increased to 62, with 3,040 children on the registers and a waiting list of 2,310. The priorities were revised in 1952 when social cases were given first priority, with women employed in cotton, engineering, etc.

becoming second priority, the third category remaining the same. Towards the end of 1957 a further change was made in that parents were divided into two groups only, *viz.* : (a) social cases ; (b) others. Thus, over the period under review the original purpose of the day nurseries in assisting women to work in industry has changed to meet the needs of social cases. Coincident with these changes in policy there was a fall in demand for accommodation at day nurseries in some areas with the result that some nurseries were closed and at the end of 1958 the number provided had fallen to 56 with 2,610 children on the registers and a further 1,155 on the waiting list.

One of the best known and highly valued of the County Council's services is the domiciliary midwifery service. The number of confinements attended by County Council midwives declined during the first part of the decade until they represented 32.2 per cent. of all births. Since then, however, the trend has been reversed slightly and each year a somewhat higher proportion of the total births has been attended by County Council midwives. Thus, in 1958, the percentage of domiciliary births was 35. This is, in fact, rather higher than the figure for domiciliary confinements which the Cranbrook Committee have advocated.

An outstanding achievement during the past decade has been the development of the ambulance service. Prior to 1948, the provision of ambulances was vested in a variety of authorities—hospitals, district councils, voluntary bodies, etc., and many of the vehicles and premises where they were housed were in poor condition and unsuitable. In all, 165 ambulances and 25 cars were in service in the Administrative County area immediately prior to the "appointed day." The task of providing an efficient service commensurate with the needs of the County with its large population living and working in very varied conditions was indeed a formidable one—vehicles were in short supply, the recruitment and training of personnel to man the service had to be undertaken, and the adaptation of premises and the building of new stations was an immediate requirement. It was, therefore, not until the 1st February, 1949, that the general transfer of the ambulance services was effected. By the end of that year 48 stations were in operation and the total vehicles in service numbered 201—148 ambulances and 53 cars, of which 81 ambulances and 48 sitting-case cars were new purchases by the County Council, whilst whole-time personnel numbered 642. The total number of cases of all types conveyed by the directly provided service from the end of February to the 31st December, 1949, was 174,461, involving a total mileage of 1,909,503.

Continuous progress followed in the succeeding years in the provision of new vehicles and in the adaptation and building of ambulance stations.

To increase further the efficiency of the service, the County Council in 1954 decided to introduce a scheme of radio-control, coupled with a revision of the telephone system, supervisory and operational staff arrangements and vehicle establishments. By the end of 1958, the scheme was almost in full operation and whilst the primary aim of radio control was to produce a higher degree of operational efficiency and thus a better standard of service for the patient, there is no doubt that it has at the same time effected substantial savings in the running costs of the ambulance service.

At the end of 1958 the ambulance service was operating from 53 ambulance stations with a modern fleet of 153 ambulances, 52 dual-purpose vehicles and 76 sitting-case cars, the total operational staff (including radio control staffs) numbering 684. During that year, the service conveyed 759,503 cases of all types involving a total case mileage of 4,289,263.

In the field of prevention of illness, care and after-care, the work has steadily increased over the past 10 years. As regards tuberculosis, the duties of the tuberculosis visitors have become more onerous, in part due to the greater number of notified cases on the registers with a tendency for more cases to remain at home for treatment and in part to the introduction of B.C.G. vaccination requiring the follow-up of new cases. At the end of 1949, 37 tuberculosis visitors were employed and during the year they made 37,004 home visits. During 1958 the 34 tuberculosis visitors employed made 95,547 home visits. Comprehensive arrangements have also operated for the protection of organised groups of children against risk of infection by adults suffering from tuberculosis and to this end all staff employed or to be employed with groups of children who are the responsibility of the Health or Children's Committees are subjected to an X-ray examination of the chest before appointment and, thereafter, annually.

It was found possible in 1951 to extend the facilities for care and after-care of sick people at home by the provision, through the home help service, of an evening and night attendance service and by 1958 the service had developed to such an extent that 5,261 night attendances were made to 337 cases and 6,194 evening visits to 81 cases.

A further facility afforded to persons urgently in need of such assistance is a laundry service for bedding and night clothing. This service, which is fulfilling a real and urgent need in the case of incontinent patients being nursed at home, began in 1956 in six of the health divisions and was extended to a further three divisions in 1957 and to an additional one in 1958. During 1958, 185 cases were dealt with. The further development of this most valuable service is limited by the ability of hospitals to undertake the laundering.

An important aspect of the preventive services which of recent years has received consideration by the Health Committee has been that of the so-called "problem" family. A great deal of valuable work has been accomplished in conjunction with various statutory and voluntary bodies and among the services provided by the County Council to deal with these families, and the child neglect so often found in association with them, are : (a) health visiting, (b) mothercraft training, (c) use of specially selected home helps and loan of kitchen equipment, (d) provision of day nursery accommodation, (e) social case work and (f) the holding of case conferences and liaison meetings under the chairmanship of a co-ordinating officer. At the end of 1958 there were 751 families with 2,970 children on the books, whilst during the year 61 families with 270 children were rehoused, the majority by district councils,

Recognising that health education and propaganda is an important means of preventing ill-health the Health Committee have, throughout the whole period, pursued a very active policy in the dissemination of knowledge of health matters by every means at their disposal and on as wide a front as possible. Lectures, group discussions, films, the visual aids such as flannelgraphs, film strips, etc., posters, literature and special exhibits have all been used widely and with advantage. Special campaigns undertaken have included "Home Accidents," "Mental Health" and "Smoking and Lung Cancer."

Of all the services devolving on the County Council on the "appointed day" none has developed faster and been more widely used and appreciated by the general public than the home help service. By the end of 1949 the County Council employed 723 home helps of whom 19 were whole-time, together with 17 home help organisers. These helps attended 4,362 cases during the year, of which 1,021 related to persons suffering from old age and infirmity. By the end of 1958 the number of helps employed had increased to 2,806 and, in consequence, the number of organising staff had been raised to 28. Help was afforded to 18,282 cases during the year, of whom 14,516 were aged and infirm persons or persons over 65 years of age who were chronic sick. Thus over the 10 year period the number of cases dealt with has increased by almost 320 per cent.

In 1949 the staff of the mental health service consisted of 26 duly authorised officers and nine female mental health workers, together with one supervisor and one assistant supervisor at each of the four junior training centres in the Administrative County area. Care and after-care home visits by the duly authorised officers and female mental health workers in 1949 numbered 1,804. The total number of cases attending the four County training centres at the end of 1949 was 92, whilst a further 81 were attending County Borough centres by arrangement.

The development in the mental health service has been such that by the end of 1958 42 duly authorised officers and seven female mental health workers were employed. Care and after-care home visits totalled 12,655. Twenty-one junior training centres were operating in the County area with a staff of 21 supervisors and 44 assistant supervisors, together with the requisite number of general assistants, meals assistants and guides. In addition, schemes were in hand for the establishment of four further centres, including three industrial training centres for adults. Some 795 cases were attending the County training centres whilst a further 87 were, by arrangement, accommodated at County Borough centres. Towards the end of 1952, approval was received to a scheme to provide short term care for mental defectives who, for a limited period and for urgent reasons, cannot be cared for satisfactorily in their own homes. The number thus accommodated during the following year was 55 and by the end of 1958 this figure had increased to 212.

Turning now to the welfare services, the past decade has indeed been one of great activity, the programme of provision of accommodation for the aged and infirm having been retarded only by the rigid national control over capital expenditure. By the end of 1949 seven hostels with accommodation for 122 persons had been provided, whilst a further 1,365 places were available in 13 former Public Assistance Institutions managed by the County Council. During that year accommodation was provided by the County Council for 4,082 County residents either in the Council's own premises or, by arrangement, in premises or establishments managed by other authorities or bodies. To facilitate the evacuation of most of the allocated accommodation in former public assistance institutions and to provide for new and increased demands, the purchase and adaptation of premises as hostels together with the erection of new purpose-built hostels has proceeded as quickly as possible and, by the end of 1958, 44 hostels with accommodation for 1,374 residents were in operation and a further five ultimately capable of absorbing 210 residents were in course of adaptation or erection. Thus, whilst at the end of 1949 the number of persons in residence in County Council establishments was 1,427, by the end of 1958 it had risen to 4,066. During 1958 a total of 4,942 County residents were provided with accommodation either in the Council's own premises or, by arrangement, in premises or establishments managed by other authorities or bodies.

In 1954 the County Council made a determined effort to help improve the lot of the aged cared for in their own homes and by creating a close liaison between voluntary bodies and the home nursing, health visiting, home help and welfare services of the County Council a great deal has been done to care for these old people.

A scheme sponsored by the County Council enabling them to make grants towards the cost incurred by housing authorities in providing communal facilities and a resident warden in connection with housing accommodation for the aged, was brought into operation in 1957 and by the end of 1958 22 schemes providing for 453 units of accommodation of this kind had been approved for grant. In 1957, too, a scheme for the provision of short-stay residential accommodation was inaugurated. A number of hostel places are reserved to meet a need, by way of a change of environment or holiday for a limited period, of old persons who might otherwise become in need of permanent accommodation, priority being given to domiciliary cases living with or in the care of relatives who desire to go on holiday or are in need of a rest. By the end of 1958, 548 aged persons had enjoyed the benefits of the scheme.

Since 1950 the problem of homeless families in all its aspects has been one exercising the attention of the Health Committee in conjunction with the District Councils' Associations. So far as the County Council is concerned the question of rehousing such families is one confined to the provision of temporary accommodation pending ultimate rehousing by the district councils as the housing authorities. In 1956, therefore, two premises were acquired for this purpose, together being capable of accommodating 18 families—this figure later being increased to 27. The rehabilitation of families accommodated is undertaken by social workers specially appointed for this purpose.

Another advance in the field of welfare was made during 1957 through a scheme whereby the County Council undertook to reimburse district councils any loss incurred by them as housing authorities in respect of the provision of intermediate accommodation for occupation by "homeless families." A number of district councils have already co-operated in the scheme and thereby greatly assisted in a very practical way in the efforts made to return problem families to the normal life of the community.

Prior to 1948 the County Council were already responsible for the welfare of blind persons and the deaf and dumb, and comprehensive social services were available to these handicapped persons. These services have continued in operation under the National Assistance Act and similar schemes for other classes of handicapped persons are being developed by the Health Committee. Thus much useful work is being done by the setting up of social centres either directly by the County Council itself or through voluntary organisations, such as the Inskip League of Friendship, the County Council being responsible for transport where necessary. Handicapped persons are visited in their own homes, occupational therapy and handicraft instruction are provided for them at special centres or, where this is not possible, at home, and a liaison is being built up between the family doctor, the hospital, the voluntary services and the services provided by the County Council, so that the individual needs of the handicapped person may receive full consideration. Holidays for handicapped persons are also arranged in appropriate cases under the County Council's scheme and have been much appreciated.

From what has been said, it will be quite evident that in the ten years following the re-organisation of the health and welfare services of the County, a vast amount of work designed to assist the public both in the way of prevention of ill-health and in the maintenance of better social conditions has been accomplished. To-day, with the great variety of medico-social services which are in operation, facilities exist as never before for providing help and advice to the individual in virtually every phase of his existence. Although in some respects these facilities are still not sufficiently extensive as to be able to meet all demands, efforts continue unabated to meet the particular requirements of all in need.

A resumé of the progress made during the last ten years necessarily takes up the major portion of this introduction but, as the Report itself is primarily concerned with the work accomplished and the state of the health of the population during 1958, it would be incomplete without reference being made to some of the more important matters dealt with in the Report.

The mid-year population of the Administrative County was estimated by the Registrar General to be 2,129,000 or 19,000 more than in 1957, of which increase 7,071 was attributable to the excess of live births over deaths.

For the fourth successive year there was an increase in the number of registered live births, the total of 34,423 being 668 greater than in 1957, and the highest recorded since 1948. The corresponding birth rate was equivalent to 16.17 per 1,000 population or 0.17 greater than in the previous year and when adjusted for comparison with that for England and Wales was, in fact, slightly higher than the national rate. The illegitimacy rate of 3.32 per cent. of the total live births was the lowest recorded in the post-war period. Still births numbered 820 or 33 fewer than in the previous year, the resultant rate of 23.3 per 1,000 total births being the lowest ever recorded for the Administrative County. Even so, it was 1.7 per 1,000 greater than that for the country as a whole.

Deaths numbering 27,352 represented a crude mortality rate of 12.85 per 1,000 of the estimated population, the same as that for 1957. This rate, when adjusted for differences in population constitution in order to compare it with that for England and Wales, becomes 13.9 or 2.2 greater than the national rate. Deaths from heart disease showed a steep rise and accounted for over 35 per cent. of the total deaths and a rate of 4.51 per 1,000 population. This was due to the continued increase in deaths from coronary angina which rose by a further 14.6 per cent. over the figure for 1957. Cancer accounted for 4,430 deaths, 55 fewer than in the previous year and equivalent to a rate of 2.08 per 1,000 population. Whilst, for the first time since 1950, deaths from cancer of the lung showed a small decrease, those of females due to cancer of the uterus rose for the fourth year in succession and were the highest recorded since 1947. The third principal cause of death was again vascular lesions of the nervous system, although the 4,111 deaths ascribed to this cause were 82 fewer than in 1957. Of all the causes of death, those classified to violence showed the greatest proportionate increase over the previous year. They numbered 1,250 or 131 more than in 1957 and 156 more than the annual average for the preceding five years. Deaths both from motor vehicle accidents and all other accidents showed substantial increases, and those attributable to suicide produced the highest total yet recorded although the corresponding rate of 0.14 per 1,000 was the same as that for 1956 and very similar to the immediate pre-war period.

A new low record was established in the maternity mortality rate, the 16 deaths classified to pregnancy, childbirth and abortion being equivalent to 0.45 per 1,000 total births—less than half that for the preceding five years.

Unfortunately, the increase in the number of live births was accompanied by a proportionately greater rise in infant deaths which numbered 881 as against 850 in 1957 and corresponded to an infant mortality rate of 25.6 per 1,000 live births—0.4 greater than the low record established in the previous year and 3.1 above the rate for the whole country. A large increase in the number of deaths ascribed to post-natal asphyxia and atelectasis was mainly responsible.

On the whole the prevalence of infectious diseases was less marked than in the previous year. Only one case of diphtheria occurred, which proved fatal—that of a five year old boy who had not been immunised—whilst the incidence of whooping cough was the lowest since the disease was made compulsorily notifiable in 1940. For the first time on record no deaths occurred. Following the record incidence of measles in 1957, the number of cases fell to some 6,000 fewer than the average

annual figure for the last 18 years and only one death was recorded. There were 101 confirmed cases of poliomyelitis as compared with 96 in 1957, but this figure compared favourably with the annual average of 119 over the last decade. Nine deaths were, however, recorded compared with five in 1957, but it should be borne in mind that the fatalities in one year may be of cases notified in previous years. Scarlet fever cases numbered 1,985 or 340 more than in 1957 and there was one death. Whilst typhoid and paratyphoid fever notifications rose from 18 to 36, only 15 of the 109 County districts were affected and only one death resulted. Cases of dysentery fell from 3,008 to 2,659 but notifications of food poisoning increased from 403 in 1957 to 582 and one death was attributed to this cause.

Fewer notifications of tuberculosis were received than ever before, the number in respect of non-respiratory tuberculosis (173) being the lowest on record, whilst those relative to respiratory tuberculosis (1,578) were fewer than in any year since 1950. The respective resultant case rates of 0.08 and 0.74 per 1,000 population represented distinct improvements on those for the previous year. The numbers of deaths from both respiratory and non-respiratory tuberculosis were the lowest on record but in neither case affected the low record mortality rates of 0.10 and 0.01 per 1,000 population previously established.

Attendances at antenatal clinics again showed an increase and during the year two further clinics were established. A larger number of women, too, attended the relaxation, exercise and mothercraft classes. Six further child welfare centres were opened during the year and the average attendance per session of children under five years of age again showed a slight increase. Much good work continued to be done at the special clinic at Fulwood for the diagnosis of deafness in young children and it was again found necessary to increase the number of sessions, especially the diagnostic sessions.

Evening sessions continued to prove a successful additional means of offering dental treatment for expectant and nursing mothers. The number of such mothers examined was much the same as in the previous year, but a greater proportion was made dentally fit—the numbers of fillings, scalings and complete or partial dentures supplied all showing appreciable increases.

For the sixth successive year there was an increase over the previous year in the number of confinements attended by domiciliary midwives. County Council midwives were in attendance at almost 35 per cent. of the total confinements (hospital and domiciliary) which took place in the Administrative County area and at 99 per cent. of those which took place at home. At 90 per cent. of the 11,170 confinements attended by County Council midwives and nurse-midwives, analgesia was administered. The shortage of practising midwives is a matter for concern throughout the country and the strength of the County Council's own domiciliary midwifery service gives cause for some anxiety. The remedy for the situation is not easy to find, but it is considered that conditions of service should be made as attractive as possible for these key workers.

Whilst the number of health visitors employed still falls short of the authorised establishment, 26 additional health visitors were recruited during the year and the number of visits made again showed a substantial increase—a good deal of time being devoted to the aged and infirm and to problem families.

The home nursing staff was further strengthened during the year and continued to carry out effectively a most necessary service in the home. Of the total cases attended some 45 per cent. are of persons of 65 years of age or over, of whom almost 53 per cent. are suffering from senility or other ill-defined conditions. Indicative of the changing type of case now being nursed is the fact that, whilst the average number of visits per week has steadily declined over the past few years, the average number of visits per case has proportionately increased by reason of the extended period over which attendance is required. There are, too, some grounds for believing that the number of "heavy" nursing cases is increasing.

Much good work continued to be done with regard to problem families and the scheme whereby specially selected home helps work with the mother in her home to teach her housecraft, which was given a trial during 1957 in one division, was extended to all divisions during the year.

The number of cases for which home help was provided during 1958 increased by a further 10 per cent. primarily by reason of more chronic sick and aged and infirm cases being assisted. This continued expansion necessitated the recruitment during the year of an additional 399 home helps.

In the field of mental health the staff establishment was further strengthened by ten additional duly authorised officers and female mental health workers, although in point of fact only six more were actually employed during the year. Increased care and after-care home visits to a greater number of cases were recorded and more attendances by the mental health staff were made to psychiatric out-patient clinics. There was a considerable increase in the number of admissions direct to hospital of voluntary patients although difficulty continued to be experienced at times in obtaining accommodation for persons, particularly females, in urgent need of treatment for mental illness.

A further five junior training centres were opened during the year, one was in course of erection and schemes were in hand for the establishment of three industrial training centres for adults.

Many of the local sanitary authorities gave considerable attention during the year to the formulation and implementation of schemes for improved water supplies and extensions of sewerage and sewage disposal works and considerable activity arose out of the operation of the remaining provisions of the Clean Air Act, 1956, with regard to smoke control areas and smoke abatement.

With the exception of 16 urban areas and a portion of one rural district, the whole of the 109 County districts are designated as "specified areas" under the Food and Drugs Act, 1955, where only milk of a special designation may be sold by retail for human consumption. All schools in the County area with the exception of one are now supplied with heat-treated or tuberculin tested milk.

The steady process of improvement to all types of food premises by way of structural alterations, refurnishing and re-equipping, etc., continued during 1958 as more and more premises were brought into line with the requirements of the Food Hygiene Regulations and good co-operation from proprietors is reported by local Medical Officers of Health. A continued improvement in the personal approach to the question of hygienic food handling is also apparent.

This introduction, which summarises the developments and achievements in the local health and welfare services, would be incomplete without reference to the excellent work of the staff of the department, professional and lay, both centrally and in the divisions. By their diligence and enthusiasm the progress referred to has been made and it is a pleasure to acknowledge the valuable help and support which I have received from them in implementing the policies of the responsible Committees. Especially I would mention those senior and experienced officers in departments and in the divisions who have been called upon to carry the more onerous responsibilities in a large and rapidly developing service. They have done so most willingly.

In conclusion I would like to express my grateful thanks to the members of the Public Health and Housing and Health Committees for their continued encouragement and support. In presenting this Report I feel that the County Council can look with satisfaction upon the results which their policies have already secured. The health and welfare services under their control are playing their full part and without doubt are making a very material and valuable contribution to the health and happiness of the whole community.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,
East Cliff County Offices,
PRESTON.

October, 1959.

VITAL STATISTICS

Physical features and general character of the County.—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton, in the south-east, is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts, varying between 10 and 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Conistون Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leck, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Conistون (the third largest lake in England) and Esthwaite. Two thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The County can be roughly divided into two distinct types of area, that in the north, consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred on engineering and allied trades, textile works, mining and quarrying.

Area of Administrative County.—The area of the Administrative County as constituted on the 31st December, 1958, was 1,033,078 statute acres. No change of boundary affecting the County area took place during the year.

The number of districts within the Administrative County, however, was increased to 109 by the operation of the County of Lancaster (Kirkby Urban District) Confirmation Order, 1958, which, on the 1st April, 1958, created the new Urban District of Kirkby by the combination of portions of Whiston R.D. and West Lancashire R.D. These respectively comprised 4,293 acres having at the time of the Census, 1951, an enumerated population of 3,118 and at the middle of 1958 an estimated home population of 42,470, and 380 acres with a Census, 1951, population of 27 and a mid-1958 estimated population of 20.

The acreage of each County district, compiled in accordance with the Registrar General's Census of England and Wales, 1951 (County Report—Lancashire) and incorporating all subsequent boundary changes, is given in Table 2, pages 170 to 177.

Population of Administrative County.—Estimates of home population include members of British, Commonwealth and foreign armed forces stationed in the area, but not members of the armed forces stationed outside England and Wales. In compiling the local estimates undergraduates in residential colleges of universities, pupils in boarding schools, patients in mental hospitals and persons in similar institutions are treated generally as part of the population of the area in which the institution is situated, but patients in general hospitals, convalescent homes and similar institutions are generally included in the population of the area of their normal place of residence.

The Registrar General's estimate of the home population of the Administrative County at the 30th June, 1958, was 2,129,000, an increase of 19,000 over the estimate for the previous year. Whilst immigration continued to be the major factor in the increase, the *natural* increase, *i.e.*, the excess of live births over deaths, was again greater than that for the preceding year—7,071 as compared with 6,647 in 1957. The former total was the greatest natural increase since 1948 and was some 1,900 more than the annual average for the preceding decade, 1948–57.

The Census, 1951, population of the Administrative County in terms of its geographical constitution at the 31st December, 1958, was 2,038,876 (urban districts 1,748,745, rural districts 290,131). The mid-1958 estimates of home population therefore represent increases since the Census of 4.4 per cent., 4.5 per cent. and 4.1 per cent. respectively in the Administrative County, the aggregate urban districts and the aggregate rural districts,

The tabular statement below records the population of the Administrative County and of the aggregates of the urban and rural districts *at the date of the Census, 1951*, together with the Registrar General's estimates of the home populations for each succeeding year. No adjustments have been made for such boundary alterations as took place during the period.

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual increase or decrease	Population	Annual increase or decrease	Population	Annual increase or decrease
1951 ...	2,047,573	—	1,738,047	—	309,526	—
1952 ...	2,042,000	— 5,573	1,730,000	— 8,047	312,000	+ 2,474
1953 ...	2,044,400	+ 2,400	1,729,500	— 500	314,900	+ 2,900
1954 ...	2,051,000	+ 6,600	1,747,000	+ 17,500	304,000	— 10,900
1955 ...	2,068,000	+ 17,000	1,756,800	+ 9,800	311,200	+ 7,200
1956 ...	2,091,000	+ 23,000	1,768,000	+ 11,200	323,000	+ 11,800
1957 ...	2,110,000	+ 19,000	1,777,000	+ 9,000	333,000	+ 10,000
1958 ..	2,129,000	+ 19,000	1,827,000	+ 50,000	302,000	— 31,000

Table 2, pages 170 to 177, shows the estimated home population of each County district as at the 30th June, 1958, together with the Census, 1951, enumerations duly adjusted for subsequent boundary alterations.

AVERAGE POPULATION DENSITIES.—The following table gives the area, population, persons per acre and acres per person of the Administrative County as constituted on the 31st December, 1958, distributed among the non-county boroughs and the urban and rural districts :—

		* Area in acres, 31.12.1958	Population		Persons per acre	Acres per person
			Census, 1951	Estimated home population mid-1958	Calculated on estimated home population	
Municipal Boroughs (26)	...	124,972	890,196	895,650	7.17	0.14
Urban Districts (69)	... ..	254,614	858,549	931,350	3.66	0.27
Rural Districts (14)	... ..	653,491	290,131	302,000	0.46	2.16
Administrative County (109)		1,033,078	2,038,876	2,129,000	2.06	0.49

* As supplied by Ordnance Survey Department and given to the nearest acre.

The average population density of England and Wales at the middle of 1958 was 1.21 persons per acre, 0.85 per acre less than the corresponding average for the Administrative County. At district level five of the 68 urban districts in the Administrative County showed lower density averages than that for the whole country, whilst two of the 14 rural districts showed higher. The range of average population density of the individual urban areas, including municipal boroughs, varied between 0.3 and 21.1 persons per acre, and of the rural districts between 0.1 and 1.6. The map inserted opposite shows the geographical distribution throughout the County area of these district population density averages, which are of necessity grouped.

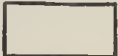
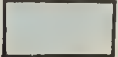



COUNTY OF LANCASTER

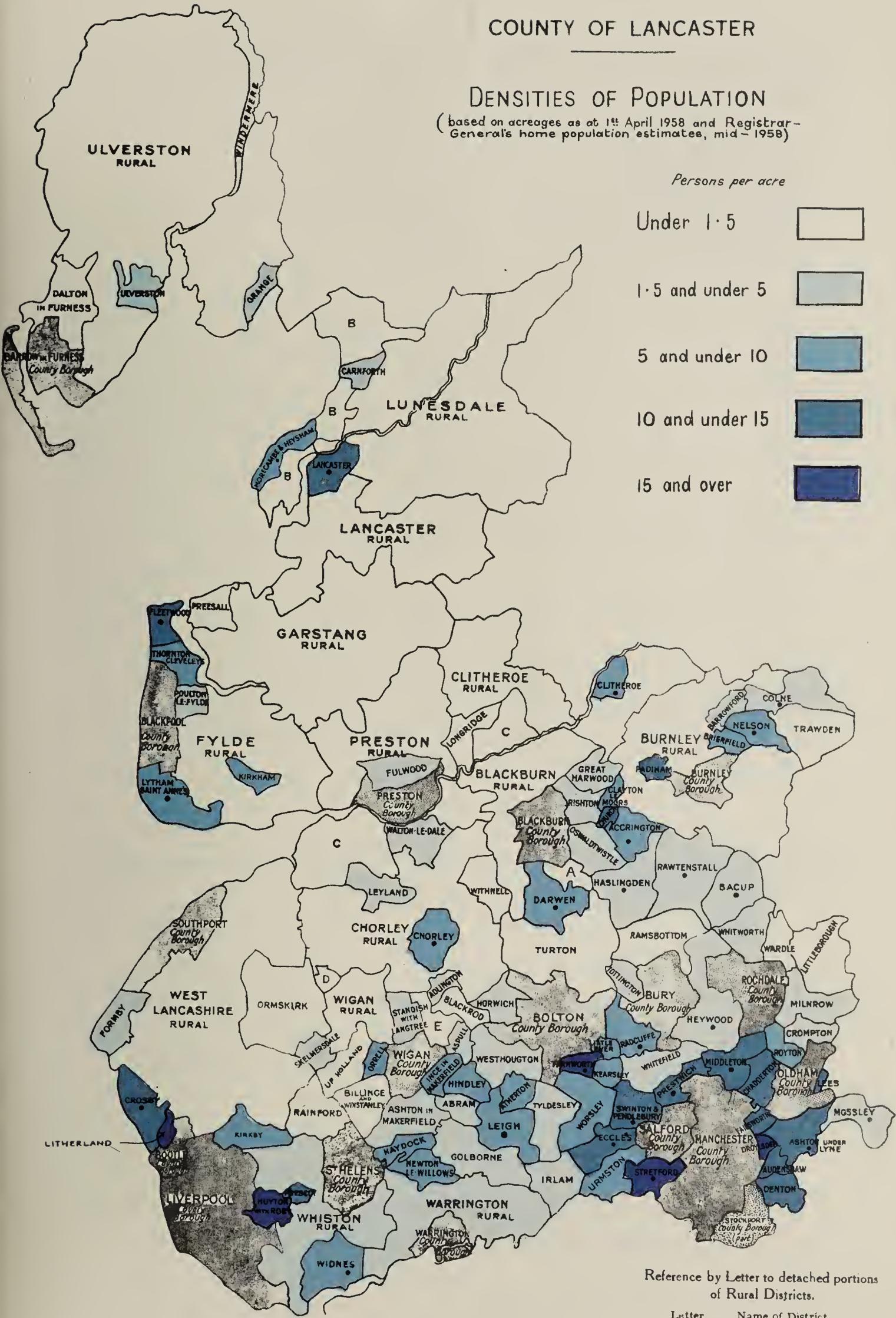
DENSITIES OF POPULATION

(based on acreages as at 1st April 1958 and Registrar-General's home population estimates, mid-1958)

Persons per acre

No. of Districts

Under 1.5		26
1.5 and under 5		36
5 and under 10		26
10 and under 15		16
15 and over		5



Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	BLACKBURN
B	LANCASTER
C	PRESTON
D	WEST LANCASHIRE
E	WIGAN

Non-County Boroughs indicated •

Summary of Vital Statistics, 1889-1958.—The following table compares the County birth and death rates for the year 1958 with the previous year, and with the 69 years, 1889-1957, grouped in quinquennial periods :—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 <i>total</i> (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth rate	Crude death rate	Death rate from tuberculosis of respiratory system	†Death rate from cancer		
Mean of 5 years—						
1889-1892 (4 years) ...	30.60	19.02	*1.06	—	—	154
1893-1897 ...	29.42	18.03	1.25	—	—	161
1898-1902 ...	26.98	16.58	1.04	—	—	161
1903-1907 ...	25.32	14.82	0.89	0.66	—	138
1908-1912 ...	23.11	13.96	0.85	0.77	—	122
1913-1917 ...	19.75	14.35	0.93	0.99	—	110
1918-1922 ...	18.90	13.91	0.82	1.11	—	91
1923-1927 ...	15.98	12.44	0.66	1.25	—	79
1928-1932 ...	13.99	12.58	0.57	1.43	—	70
1933-1937 ...	13.39	12.78	0.47	1.54	4.98	62
1938-1942 ...	14.70	13.00	0.42	1.65	3.33	56
1943-1947 ...	18.29	12.97	0.39	1.85	1.98	48
1948-1952 ...	15.43	12.68	0.28	1.92	0.91	34
1953-1957 ...	14.94	12.67	0.13	2.07	0.91	27
Year—						
1957 ...	16.00	12.85	0.10	2.13	0.58	25.2
1958 ...	16.17	12.85	0.10	2.08	0.45	25.6
Increase or decrease in 1958 on—						
Mean of 5 years						
1953-57 ...	+ 1.23	+ 0.18	—0.03	+ 0.01	—0.46	—1
Previous year...	+ 0.17	nil	nil	—0.05	—0.13	+ 0.4

* Three years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

Note : The death rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, *i.e.*, they are neither "standardised" nor "corrected."

Principal Vital Statistics relating to Mothers and Infants.—In accordance with the requirements of the Ministry of Health certain statistics for 1958 relating to mothers and infants are set out below :—

Total live births registered	...	...	...	...	...	34,423
Live birth rate per 1,000 population—crude	...	...	...	...	...	16.17
Live birth rate per 1,000 population—adjusted	...	...	...	...	...	16.49
Total stillbirths registered...	...	...	...	...	...	820
Stillbirth rate per 1,000 <i>total</i> births	...	...	...	...	...	23.3
Total live births and stillbirths	...	...	...	...	...	35,243
Total infant deaths registered	...	...	...	...	...	881
Infant mortality rate per 1,000 live births	...	...	...	...	...	25.6
Mortality rate of legitimate infants per 1,000 legitimate live births	...	...	...	...	...	25.7
Mortality rate of illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	21.9
Neo-natal mortality rate per 1,000 live births	...	...	...	...	...	18.2
Proportion (per cent.) of illegitimate live births to total live births	...	...	...	...	...	3.32
Total maternal deaths (including deaths from abortion)	...	...	...	...	...	16
Maternal mortality rate per 1,000 <i>total</i> births	...	...	...	...	...	0.45

Births and Birth Rates.—**LIVE BIRTHS.**—In 1958, for the fourth successive year, there was again a rise in the number of registered live births belonging to the Administrative County, *i.e.*, after allowing for inward and outward transfers to the areas of normal residence of the mothers. The 34,423 live births assigned to the area were 668 in excess of the registrations for 1957 and were the highest total recorded for 10 years. Their sex distribution is given below, together with the corresponding figures for each year of the preceding decade :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1948	15,446	14,617	30,063	2,302	2,196	4,498	17,748	16,813	34,561
1949	14,297	13,686	27,983	2,232	2,092	4,324	16,529	15,778	32,307
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818
1951	13,131	12,474	25,605	2,163	2,033	4,196	15,294	14,507	29,801
1952	12,927	12,154	25,081	2,174	2,032	4,206	15,101	14,186	29,287
1953	13,373	12,423	25,796	2,296	2,100	4,396	15,669	14,523	30,192
1954	12,862	12,142	25,004	2,178	2,071	4,249	15,040	14,213	29,253
1955	12,922	12,219	25,141	2,389	2,235	4,624	15,311	14,454	29,765
1956	13,771	13,084	26,855	2,598	2,404	5,002	16,369	15,488	31,857
1957	14,467	13,772	28,239	2,833	2,683	5,516	17,300	16,455	33,755
1958	15,063	14,301	29,364	2,578	2,481	5,059	17,641	16,782	34,423

The number of registered live births assigned to each County district, together with the corresponding birth rates, is given in Table 2, pages 170 to 177.

The 34,423 live births assigned to the Administrative County were equivalent to a crude birth rate of 16·17 per 1,000 of the estimated home population, which represented an increase of 0·17 over the rate for the previous year and of 1·23 over the average for the five years 1953–57. It was, in fact, the highest rate recorded since 1948. The rate for the total urban districts, including municipal boroughs, was 16·17 and for the rural districts 16·18. The former represented a substantial increase over both the corresponding rate for the previous year and the average rate for the preceding five years—by 0·28 and 1·24 respectively—but the latter, whilst still 1·22 per 1,000 above the average for the five years 1953–57, was 0·38 below the corresponding rate for 1957.

As a matter of interest the crude live birth rates of the Administrative County, the total urban districts and the total rural districts for the quinquennia since 1889 and for each year of the present century are given in Table 1, page 169.

ADJUSTED BIRTH RATES.—Local birth rates are usually expressed as proportions of populations. The populations generally used for such statistical purposes are estimated by the Registrar General and, comprising persons of all ages, naturally include many who can have no influence on the reproductive process but do affect the birth rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion in different areas does, in fact, exist and it is therefore apparent that the elimination of such a factor must be effected before a reasonably true comparison can be made, between areas, of those influences having a direct bearing upon reproductivity. A result on these lines is obtained through the compilation and issue by the Registrar General of a comparability factor for each area for use with birth rates, and the adjusted birth rate resulting from the multiplication of the crude birth rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales. In the factors for 1957 and 1958 an adjustment was made by the Registrar General to take account of the presence in each area of sterile population in institutions for the mentally ill or mentally deficient.

The comparability factor for each County District is given in Table 3, page 178. The factor for the Administrative County in 1958 was 1·02, for the aggregate of urban districts 1·02 and for the rural districts 1·04. The effect of these upon the crude live birth rates for 1958 may be seen in the following table which shows both the crude and adjusted rates for the urban, the rural and the Administrative County areas for each year from 1950, when the use of the comparability factor for this purpose was introduced. The live birth rates for England and Wales are also given.

		Live birth rate per 1,000 of the estimated home population								
		1950	1951	1952	1953	1954	1955	1956	1957	1958
Urban Districts	{ Crude ...	15·22	14·79	14·50	14·92	14·33	14·31	15·19	15·89	16·17
	{ Adjusted	15·37	14·94	14·64	15·06	14·76	14·74	15·49	16·21	16·49
Rural Districts	{ Crude ...	14·09	13·56	13·40	13·96	13·81	14·86	15·49	16·56	16·18
	{ Adjusted	15·22	14·64	15·01	15·63	15·19	16·34	16·42	17·39	16·83
Administrative County	{ Crude ...	15·06	14·61	14·33	14·77	14·25	14·39	15·24	16·00	16·17
	{ Adjusted	15·36	14·90	14·61	15·06	14·82	14·97	15·69	16·32	16·49
England and Wales	...	15·8	15·5	15·3	15·5	15·2	15·0	15·7	16·1	*16·4

* Provisional figure.

For many years it had been usual for the crude rate for the Administrative County to be substantially below the rate for the country as a whole but the institution of the comparability factor in 1950, in establishing a more satisfactory basis of comparison, appreciably reduced this difference. Indeed, in 1955 and 1956 the adjusted rate for the County and the rate for England and Wales were virtually at the same level, whilst in 1957 and 1958 the former rate was higher than the latter.

ILLEGITIMATE LIVE BIRTHS.—The number of births of illegitimate children registered during 1958 and belonging to the Administrative County is shown below, together with that for each of the previous 10 years :—

Year	No. of illegitimate live births	Increase or decrease on previous year	Percentage increase or decrease on previous year	Percentage of total live births
1948 ...	1,473	—143	— 8·8	4·26
1949 ...	1,291	—182	—12·4	4·00
1950 ...	1,154	—137	—10·6	3·74
1951 ...	1,119	— 35	— 3·0	3·75
1952 ...	1,109	— 10	— 0·9	3·79
1953 ...	1,056	— 53	— 4·8	3·50
1954 ...	991	— 65	— 6·2	3·39
1955 ...	1,047	+ 56	+ 5·7	3·52
1956 ...	1,140	+ 93	+ 8·9	3·58
1957 ...	1,241	+101	+8·9	3·68
1958 ...	1,142	— 99	—8·0	3·32

The illegitimacy rate of 3·32 per cent. of the total live births in 1958 was the lowest recorded in the post-war period and, in fact, was only 0·09 above the rate for the last complete pre-war year, 1938, and the average of the preceding five years, 1933–37.

STILLBIRTHS.—The number of stillbirths assigned to the Administrative County in 1958 was 820, a reduction of 33 as compared with the previous year. Associated with the greater number of live births registered in 1958, this total produced a stillbirth rate of 23·3 per 1,000 total births, which constituted improvements over the rate for the previous year and over the average for the preceding five years, 1953–57, of 1·3 and 2·3 per 1,000 respectively. It was actually the lowest rate ever recorded for the Administrative County. Nevertheless it compared unfavourably with the provisional rate for England and Wales which was 21·6 per 1,000 total births. Expressed per 1,000 of the estimated home population, the stillbirth rate for the Administrative County was 0·39 and that for the whole country 0·36.

The local variation in the stillbirth rates in the Administrative County area is shown in Table 2, pages 170 to 177.

Deaths and Death Rates.—The total number of deaths from all causes registered and assigned to the Administrative County was 27,352, an increase of 244 over the previous year. Their distribution by sex is shown below, together with that for each of the preceding five years :—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1953	10,781	10,558	21,339	1,835	1,707	3,542	12,616	12,265	24,881
1954	11,387	10,951	22,338	1,856	1,752	3,608	13,243	12,703	25,946
1955	11,877	11,295	23,172	1,880	1,729	3,609	13,757	13,024	26,781
1956	11,656	11,250	22,906	1,912	1,780	3,692	13,568	13,030	26,598
1957	11,887	11,409	23,296	2,018	1,794	3,812	13,905	13,203	27,108
1958	12,088	11,441	23,529	2,028	1,795	3,823	14,116	13,236	27,352

The following table shows, in age periods, the deaths in 1958 and in each of the previous ten years. Those for the years 1948 and 1949 relate to civilians only.

Year	Deaths in age periods								Total
	0—	1—	5—	15—	25—	45—	65—	75—	
1948	1,387	257	189	1,761		6,018	13,957		23,569
1949	1,239	253	169	1,737		6,392	15,912		25,702
1950	1,004	218	158	271	1,357	6,465	7,637	9,175	26,285
1951	870	192	142	241	1,349	6,845	8,482	10,149	28,270
1952	887	146	131	192	1,188	6,169	7,386	8,893	24,992
1953	880	177	123	189	1,156	6,218	7,215	8,923	24,881
1954	846	101	156	203	1,138	6,265	7,542	9,695	25,946
1955	791	135	154	164	1,128	6,545	7,545	10,319	26,781
1956	867	120	122	183	1,072	6,490	7,511	10,233	26,598
1957	850	159	148	177	1,068	6,727	7,668	10,311	27,108
1958	881	122	128	191	1,062	6,618	7,635	10,715	27,352

The rise in the number of deaths at all ages in 1958 as compared with the previous year was entirely due to an increase of some 400, approximately 200 of each sex, amongst persons aged 75 years and over. Decreases were recorded in all other age groups with the exception of infants under one year, where the 881 deaths constituted the highest total since 1952, and young persons between the ages of 15 and 25 years where, however, the increase was small. Although the 881 infant deaths were related to the greater number of live births which were registered in 1958 the mortality rate for this group rose from 25·2 per 1,000 live births in 1957 to 25·6 in 1958. On the other hand the mortality rate for children aged 1 to 4 years inclusive declined from 1·34 per 1,000 of the child population at risk to 1·00, so that for the whole pre-school group, including infants, the rate fell from 6·70 to 6·48 per 1,000. There was also a decline in mortality amongst school children, the rate for the age group 5 to 14 years inclusive being 0·39 per 1,000 in 1958 compared with 0·46 in 1957.

The deaths in 1958 of all children under 15 years of age amounted to 4·1 per cent. of the total at all ages, 3·2 per cent. of this being contributed by deaths of infants aged less than one year. Of all deaths, 91·3 per cent. occurred at the age of 45 years or over, 67·1 per cent. at 65 years or over and 39·2 per cent. at 75 years or over.

A classified statement of the causes of death in 1958, by age group and sex, for the Administrative County and the aggregates of the urban and rural districts is given in Table 5, page 184. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar General on the Sixth Revision of the International Lists, are given in Table 4, pages 179 to 183, and total deaths by sex are shown for each district in Table 2, pages 170 to 177.

The 27,352 deaths assigned to the Administrative County in 1958 represented a crude mortality rate of 12·85 per 1,000 of the estimated home population, the same as that recorded in the previous year but greater than the average for the preceding five years, 1953–57, by 0·18 per 1,000. The annual crude death rates during the present century and the quinquennial averages since 1889 for the Administrative County and the aggregates of the urban and rural districts are given in Table 1, page 169.

Adjusted death rates.—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in population constitution. In order to compare the mortality factors operating in one area with those of other areas, it is first necessary to identify and remove the population variable in each case and in practice this is achieved by the calculation and supply to each area by the Registrar General of an area comparability factor. The adjusted death rate resulting from the multiplication of the crude death rate of an area by its comparability factor may be regarded as comparable with the adjusted rate of another area or with the crude rate for England and Wales, inasmuch as each is considered to reflect differences only in the intensity of the mortality factors operating. The comparability factor for each County District is given in Table 3 on page 178, whilst the crude and adjusted rates are shown in Table 2, pages 170 to 177.

The 1958 factor for the Administrative County was 1·08, for the aggregate of urban districts 1·08 and for the rural districts 1·05. The effect of these on the crude death rates for 1958 may be seen in the following table which shows, for the Administrative County and for the urban and rural areas, both the crude and adjusted rates for each year from 1950, the year in which the post-war reversion from civilian to total deaths was made in the vital statistics issued by the Registrar General. The death rates for England and Wales are also given.

		Death rate per 1,000 of the estimated population								
		1950	1951	1952	1953	1954	1955	1956	1957	1958
Urban Districts	{ Crude ...	13·18	14·23	12·65	12·34	12·80	13·19	12·96	13·11	12·95
	{ Adjusted	13·31	14·37	12·78	12·46	13·06	13·45	13·86	14·16	13·99
Rural Districts	{ Crude ...	10·88	11·76	9·89	11·25	11·72	11·60	11·43	11·45	12·23
	{ Adjusted	11·21	12·11	10·49	11·92	12·31	12·18	12·34	12·48	12·84
Administrative County	{ Crude	12·84	13·85	12·23	12·17	12·64	12·95	12·72	12·85	12·85
	{ Adjusted	13·10	14·13	12·47	12·41	12·89	13·21	13·74	14·00	13·87
England and Wales		11·6	12·5	11·3	11·4	11·3	11·7	11·7	11·5	*11·7

* Provisional figure.

PRINCIPAL CAUSES OF DEATH.—Between 60 and 70 per cent. of all deaths each year are classified to causes falling within three main groups—heart disease, cancer and vascular lesions of the nervous system. The relative importance of these and of the other principal causes of death in 1958 is shown in the following table :—

Cause of death.	No. of deaths.	Percentage of total deaths.
Heart disease (all forms)	9,603	35·1
Cancer (including Hodgkin's disease, leukaemia and aleukaemia)	4,430	16·2
Vascular lesions of nervous system	4,111	15·0
Bronchitis	1,636	6·0
Violence (including all accidents, suicide and homicide)	1,250	4·6
Other circulatory disease	1,201	4·4
Pneumonia (including pneumonia of newborn)	1,070	3·9
Nephritis and nephrosis	233	0·9
Congenital malformations	229	0·8
Tuberculosis (all forms)	223	0·8

The above order undergoes little change from year to year. A large increase in the number of deaths from all forms of violence resulted in this group displacing “other circulatory disease” as fifth in numerical importance in 1958 whilst, at the top of the list, a steep rise in mortality from heart disease on the one hand and reduced numbers of deaths from cancer and vascular lesions of the nervous system on the other, though leaving the order of importance unchanged, emphasised more strongly than ever the dominant position of heart disease as the principal cause of death.

In the following paragraphs further details are given of the chief causes of death. Unless otherwise stated, the death rates quoted are not standardised in any way.

HEART DISEASES.—The deaths classified to the heart diseases as grouped in the Registrar General's Short List and assigned to the Administrative County in 1958 are shown in the following table, together with the resultant death rates per 1,000 of the estimated home population and the corresponding figures for the previous five years.

Year	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total— all forms	
	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate	No. of deaths	Death rate
1953	3,112	1.52	538	0.26	4,676	2.29	8,326	4.07
1954	3,342	1.63	605	0.29	4,825	2.35	8,772	4.27
1955	3,524	1.70	594	0.29	4,899	2.37	9,017	4.36
1956	3,774	1.80	609	0.29	4,565	2.18	8,948	4.28
1957	3,905	1.85	664	0.31	4,482	2.12	9,051	4.29
1958	4,477	2.10	628	0.29	4,498	2.11	9,603	4.51

The mortality rate from all forms of heart disease, at 4.51 per 1,000 of the estimated home population, was the highest since 1951, when a rate of 4.68 per 1,000 was recorded. More noteworthy in the above figures, however, is the fact that the whole of the very large increase in heart disease deaths virtually occurred amongst those classifiable to "coronary disease, angina." Whilst the mortality rates from the other two constituent groups declined—that for "other heart disease" to the lowest recorded since the introduction of the classifications in 1950—the rate for "coronary disease, angina" was, at 2.10 per 1,000, the highest yet recorded. In 1950 the deaths from this cause amounted to 29.4 per cent. of the total heart disease deaths; in 1958 they represented 46.6 per cent. Amongst deaths of males in 1958 no less than 57.5 per cent. of those due to all forms of heart disease were more specifically classifiable to "coronary disease, angina."

The total of 4,477 deaths classifiable to "coronary disease, angina" in 1958 was 572 or 14.6 per cent. more than the corresponding figure for the previous year and was the greatest annual increase yet experienced. The increase was common to all sex/age groups, but not uniformly so. By age group the steepest rise (by 31.8 per cent.) occurred amongst deaths at ages less than 45 years, but the numbers involved were comparatively small. This was followed in order of magnitude by an increase of 25.3 per cent. at ages of 75 years or over, 10.7 per cent. in the group aged 45 to 64 years inclusive and 9.2 per cent. at ages of 65 to 74 years. In all age groups the proportionate increase was appreciably greater amongst males than females with the exception, strangely enough, of that group in which a high male to female mortality ratio is a peculiarity of this condition, *i.e.*, those aged 45 to 64 years. Here the increase amongst males was 8.2 per cent. compared with one of 20.1 per cent. amongst females. The former was the lowest proportionate increase of all the male age groups. At all ages the number of male deaths from this cause was 13.9 per cent. greater than in 1957 whilst deaths of females rose in number by 16.0 per cent.

The distribution by age group and sex of the deaths classified annually to "coronary disease, angina" in the Administrative County since 1950 is given below :—

Year	Deaths, by age periods, classified to coronary disease, angina											
	Under 45			45—			65—			75—		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1950... ..	49	13	62	734	221	955	658	368	1,026	365	283	648
1951... ..	54	10	64	791	231	1,022	711	444	1,155	390	283	673
1952... ..	53	13	66	817	263	1,080	743	440	1,183	443	340	783
1953... ..	64	11	75	803	275	1,078	735	448	1,183	399	377	776
1954... ..	83	19	102	899	222	1,121	761	474	1,235	486	398	884
1955... ..	56	12	68	914	277	1,191	814	501	1,315	515	435	950
1956... ..	86	14	100	1,005	286	1,291	829	519	1,348	531	504	1,035
1957... ..	73	12	85	1,028	284	1,312	850	577	1,427	553	528	1,081
1958... ..	99	13	112	1,112	341	1,453	939	619	1,558	702	652	1,354

The trend of crude mortality from all forms of heart disease in the Administrative County during the past 20 years is shown in the following table :—

Year	No. of deaths	Crude death rate per 1,000 population	Year	No. of deaths	Crude death rate per 1,000 population
1939	7,085	3.72	1949	8,328	4.12
1940	6,571	3.45	1950	9,145	4.47
1941	5,960	3.10	1951	9,543	4.68
1942	5,884	3.12	1952	8,579	4.20
1943	6,150	3.32	1953	8,326	4.07
1944	6,311	3.43	1954	8,772	4.27
1945	6,641	3.62	1955	9,017	4.36
1946	6,873	3.57	1956	8,948	4.28
1947	7,420	3.78	1957	9,051	4.29
1948	7,148	3.56	1958	9,603	4.51

The numbers of deaths classified to the three groups of heart diseases and assigned to each County District in 1958 are shown in Table 4, pages 179 to 183. Table 5, page 184, shows the total by age group and sex for the aggregate urban districts, the aggregate rural districts and the Administrative County.

MALIGNANT NEOPLASMS, INCLUDING NEOPLASMS OF LYMPHATIC AND HAEMATOPOIETIC TISSUES.—This group of causes is included in the Registrar General's Short List under the headings used in the table below, which gives particulars of deaths assigned to the Administrative County in each of the years 1953–58 :—

Year	Sex	Malignant neoplasm—				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Total— all forms
		Stomach	Lung, bronchus	Breast	Uterus			
1953	M.	440	581	9	—	1,088	43	2,161
	F.	356	106	399	186	924	46	2,017
	T.	796	687	408	186	2,012	89	4,178
1954	M.	386	602	6	—	1,104	53	2,151
	F.	357	106	390	184	942	46	2,025
	T.	743	708	396	184	2,046	99	4,176
1955	M.	398	668	6	—	1,122	41	2,235
	F.	331	85	380	185	977	40	1,998
	T.	729	753	386	185	2,099	81	4,233
1956	M.	380	692	2	—	1,098	60	2,232
	F.	325	120	423	207	1,011	44	2,130
	T.	705	812	425	207	2,109	104	4,362
1957	M.	438	764	4	—	1,094	55	2,355
	F.	335	141	393	214	992	55	2,130
	T.	773	905	397	214	2,086	110	4,485
1958	M.	394	745	3	—	1,122	61	2,325
	F.	341	128	398	222	972	44	2,105
	T.	735	873	401	222	2,094	105	4,430

Decreases in 1958 in the numbers of deaths from cancer of the stomach and the bronchus and from leukaemia were more than sufficient to offset the increases in deaths from cancer of the breast and uterus and from other malignant neoplasms, so that there was a slight fall—by 55—in total deaths from all forms of malignant neoplasm as compared with the previous year. The 222 deaths of females classified to cancer of the uterus were the highest number registered since 1947, when 223 were so classified,

Of the total deaths from all causes assigned to the Administrative County, the 4,430 classified to malignant neoplasms represented 16·2 per cent. and were equivalent to a rate of 2·08 per 1,000 of the estimated home population, a decrease of 0·05 as compared with the previous year and 0·04 per 1,000 less than the provisional rate for England and Wales. The movement since 1950 of the crude rates for the Administrative County and for its constituent urban and rural areas is shown in the following table, together with the corresponding rates for England and Wales :—

Year	Mortality rate from cancer (all forms) per 1,000 of estimated home population			
	Urban Districts	Rural Districts	Administrative County	England and Wales
1950	2·03	1·65	1·97	1·95
1951	2·01	1·65	1·95	1·96
1952	2·09	1·57	2·01	1·99
1953	2·10	1·72	2·04	1·99
1954	2·08	1·75	2·03	2·04
1955	2·12	1·66	2·05	2·06
1956	2·15	1·74	2·09	2·08
1957	2·18	1·84	2·13	2·09
1958	2·11	1·91	2·08	*2·12

* Provisional figure.

The numbers of deaths assigned to each County District and classified to the six groups of causes comprising the above heading are given in Table 4, pages 179 to 183. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age group in Table 5, page 184.

VASCULAR LESIONS OF THE NERVOUS SYSTEM.—The 4,111 deaths ascribed to this cause in 1958 were 82 fewer than the total for the previous year and were equivalent to a rate of 1·93 per 1,000 of the estimated home population, 0·06 less than that for the previous year and the lowest rate since 1954. They amounted to 15·0 per cent. of the total deaths from all causes.

This condition is one closely associated with old age and in 1958 rather more than 81 per cent. of the total deaths classified to it were of persons aged 65 years and over. The following table shows the deaths in 1958 analysed by age group and sex, compared with the corresponding figures for the five preceding years :—

Year	Age in years														
	0—			45—			65—			75—			All ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1953	29	41	70	331	355	686	552	695	1,247	622	952	1,574	1,534	2,043	3,577
1954	33	30	63	382	383	765	618	825	1,443	641	1,027	1,668	1,674	2,265	3,939
1955	29	36	65	362	381	743	579	747	1,326	788	1,137	1,925	1,758	2,301	4,059
1956	25	34	59	357	428	785	549	745	1,294	759	1,235	1,994	1,690	2,442	4,132
1957	41	28	69	374	371	745	599	747	1,346	772	1,261	2,033	1,786	2,407	4,193
1958	33	32	65	362	342	704	560	735	1,295	785	1,262	2,047	1,740	2,371	4,111

The deaths from vascular lesions of the nervous system assigned to each County district during 1958 are shown in Table 4, pages 179 to 183, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age group in Table 5, page 184.

BRONCHITIS.—The number of deaths assigned to the Administrative County and classified to bronchitis was 1,636, an increase of 99 over the total for the previous year and of 118 over the annual average for the preceding five years. The resultant mortality rate of 0·77 of the estimated home population was the highest since 1951 when a rate of 1·06 was recorded. The rate for the aggregate urban areas, at 0·81, was 0·03 greater than that for 1957 whilst the rate for the total rural districts showed an increase of 0·07 to 0·51 per 1,000. Of the 1,636 deaths, which represented 6·0 per cent. of the total from all causes, 1,066 or 65·2 per cent. were of persons aged 65 years or more.

VIOLENCE.—Deaths from violence are divided into four groups in the Registrar General's Short List of 36 Causes of Death—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1958 and the five preceding years are shown in the following table :—

Year	Motor vehicle accidents			All other accidents			Suicide			Homicide and operations of war			Total— all forms		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1953	149	46	195	284	223	507	132	84	216	11	4	15	576	357	933
1954	147	61	208	318	305	623	165	97	262	6	3	9	636	466	1,102
1955	149	56	205	333	338	671	165	99	264	11	1	12	658	494	1,152
1956	177	64	241	297	309	606	187	113	300	14	3	17	675	489	1,164
1957	171	42	213	316	282	598	174	106	280	19	9	28	680	439	1,119
1958	201	67	268	360	301	661	191	113	304	12	5	17	764	486	1,250

For all groups except the small one relating to homicide and operations of war there were increases in 1958 in the numbers of deaths of both males and females, the total of 1,250 dying from all forms of violence being 131 in excess of the figure for the previous year and 156 more than the annual average for the preceding five years. Together with the resultant mortality rate of 0·59 per 1,000 of the population it was, in fact, the highest recorded since 1941 when operations of war added to the toll of civilian victims of violence to produce a total of 1,581 deaths and a corresponding rate of 0·82.

Particulars of deaths attributable to motor vehicle accidents have only been available since 1950 and the 268 deaths so classified in 1958 were the highest annual figure recorded in the intervening period, as also was the resultant mortality rate of 0·13 of the estimated population. In the decade prior to 1950 such deaths were normally classified to “road traffic accidents” and, whilst the two terms may not be identical in definition, it is of interest to note that the heaviest mortality during this period attributed to road traffic accidents occurred in 1940 and 1941 when the respective totals of 318 and 320 deaths produced a rate of 0·17 per 1,000 of the estimated population.

The 304 deaths from suicide were the highest total ever recorded and the corresponding rate of 0·14 per 1,000 equalled that for 1956, which was the highest of the post-war period. To give some perspective to these rates, however, it might be added that in the 'thirties, the decade prior to the war, only once did the suicide rate fall below this level and twice it was as high as 0·16.

OTHER CIRCULATORY DISEASE.—Deaths in 1958 falling within this classification, which covers all diseases of the circulatory system except the heart diseases mentioned earlier, numbered 1,201, an increase of 73 over the total for the previous year and of 82 over the annual average for the preceding five years, 1953–57. This group of causes was, as usual, the one most closely related to the older age groups, some 85 per cent. of the deaths being of persons aged 65 years or more. The 1,201 deaths amounted to 4·4 per cent. of the total from all causes and were equivalent to a rate of 0·56 per 1,000 of the estimated home population, an increase of 0·03 per 1,000 over that for the previous year.

PNEUMONIA.—A small increase in the number of deaths classified to pneumonia, from 1,058 in 1957 to 1,070 in 1958, left the mortality rate unchanged at 0·50 per 1,000 of the estimated home population. Of the 1,070 deaths, which amounted to 3·9 per cent. of the total from all causes, 697 or 65·1 per cent. were of persons aged 65 years or more and a further 123 or 11·5 per cent. were of infants under one year of age.

TRANSFERABLE DEATHS.—During the year under review, the following transfers were made—8,917 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these deaths (known as inward transfers) were assigned to their proper districts; 6,877 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

Maternal Mortality.—The number of deaths classified to “pregnancy, childbirth, abortion” and assigned to the Administrative County in 1958 was 16, four less than in 1957. The association of these with the greater number of births occurring in 1958 produced a maternal mortality rate of 0·45 per 1,000 total (live and still) births which was, by a considerable margin, the lowest ever recorded. It was, indeed, less than a half of the rate for the preceding five years, 1953–57. Although this represented a large reduction—by 0·13—as compared with the existing record rate of 1956 and 1957, the new rate was nevertheless higher than the provisional rate for England and Wales which, at 0·43 per 1,000 total births, also constituted a new low record.

The following table illustrates the trend of maternal mortality in the Administrative County and England and Wales during the decade prior to the year under report :—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1948... ..	35,481	38	1.07	1.02
1949... ..	33,143	32	0.97	0.97
1950... ..	31,619	31	0.98	0.87
1951... ..	30,553	21	0.69	0.82
1952... ..	30,039	24	0.80	0.72
1953... ..	30,957	39	1.26	0.75
1954... ..	30,052	27	0.90	0.70
1955... ..	30,558	40	1.31	0.64
1956... ..	32,710	19	0.58	0.56
1957... ..	34,608	20	0.58	0.47
1958... ..	35,243	16	0.45	*0.43

* Provisional figure.

Whilst the Registrar General in his Short List groups all deaths from maternal causes under the one heading, "pregnancy, childbirth, abortion," the 16 deaths so classified amongst residents of the Administrative County during 1958 can be identified in local records, and the following statement analyses them by cause in accordance with the International Lists and compares them with the corresponding analysis for the previous year.

Cause of death	No. of deaths	
	1957.	1958.
<i>Complications of pregnancy—</i>		
Toxaemias of pregnancy (642)	7	1
Other haemorrhage of pregnancy (644)	2	—
Ectopic pregnancy (645)	1	—
Anæmia of pregnancy (646)	1	—
<i>Abortion—</i>		
Abortion without mention of sepsis or toxaemia (650) ...	1	1
Abortion with sepsis (651)	—	1
Abortion with toxaemia, without mention of sepsis (652) ...	—	1
<i>Delivery with specified complication—</i>		
Delivery complicated by placenta praevia or antepartum haemorrhage (670)	1	1
Delivery complicated by retained placenta (671)	1	1
Delivery complicated by other postpartum haemorrhage (672) ...	—	1
Delivery with other trauma (677)	—	1
Delivery with other complications of childbirth (678) ...	2	1
<i>Complications of the puerperium—</i>		
Sepsis of childbirth and the puerperium (681)	1	2
Puerperal phlebitis and thrombosis (682)	1	2
Puerperal pulmonary embolism (684)	1	3
Other and unspecified complications of the puerperium (688) ...	1	—
TOTAL—all causes...	20	16

The maternal mortality rate for each County district is given in Table 2, pages 170 to 177.

Investigation of Maternal Deaths.—Under instructions of the Minister of Health each death of a woman which has any association with childbirth must be investigated and, in the County area, such investigations are carried out by the divisional medical staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—Unfortunately, what was true of maternal mortality cannot be reported of infant mortality. In the latter case the increased number of live births which occurred during 1958 was accompanied by a proportionately greater rise in the number of deaths of infants under one year of age, the 881 such deaths corresponding to a rate of 25.6 per 1,000 live births for the Administrative County. This was 0.4 per 1,000 greater than the existing low record established in the previous year but, compared with the rate for the preceding five years, represented a decrease of 1.7. The 881 infant deaths amounted to 3.2 per cent. of the total deaths at all ages and, expressed in terms of home population, were equivalent to a rate of 0.41 per 1,000.

The following table shows the County, urban and rural infant death rates for 1958 and the preceding 10 years, together with those for England and Wales. All are rates per 1,000 live births registered during the year with the exception of those for England and Wales for the years 1948-56 inclusive, which are based on *related* live births.

	Rate of deaths of children under 1 year per 1,000 live births										1958
	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	
Urban Districts	40.8	39.3	32.9	28.9	30.9	28.9	29.0	25.9	27.3	25.3	25.5
Rural Districts	35.8	32.4	30.6	30.7	26.4	30.5	28.7	30.1	26.6	24.5	26.3
Administrative County	40.1	38.4	32.6	29.2	30.3	29.1	28.9	26.6	27.2	25.2	25.6
England and Wales	33.9	32.4	29.6	29.7	27.6	26.8	25.4	24.9	23.8	23.1	*22.5

* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 169.

A reference to Table 5, page 184, which gives particulars of deaths by age-groups classified in accordance with the Registrar General's Short List of 36 Causes, shows that the group classifications used are not at all satisfactory for a proper appreciation of the causes of infant deaths. Of the 881 assigned to the Administrative County in 1958, no less than 510 or 58 per cent. are shown to have been due to "other defined and ill-defined diseases." A more satisfactory classification of the causes of infant mortality is available, however, from departmental records, although three factors operate against an exact agreement of the deaths analysed locally with those included in the Registrar General's analysis—(i.) the local analysis relates to infant deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii.) the former analysis may be deficient in isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii.) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back to the certifying practitioner cannot normally be made by the County authority in cases of inadequate certification.

The total number of infant deaths recorded locally as occurring during 1958 and assignable to the Administrative County was 875, six less than the registered deaths assigned by the Registrar General. They were classified by cause group as follows:—

Cause of death	No. of infant deaths
Meningococcal infections	2
Influenza	3
Pneumonia	114
Bronchitis	13
Other diseases of respiratory system	1
Gastritis, enteritis and diarrhoea... ..	12
Congenital malformations... ..	172
Birth injuries	78
Post-natal asphyxia and atelectasis	171
Infections of the newborn	6
Other diseases peculiar to early infancy	211
All other causes	92
TOTAL—all causes	875

Seventy-three of the 78 infant deaths classified to birth injuries were due to intracranial and spinal injury and all 78 died within four weeks of birth. Of the 172 deaths due to congenital malformations 56 were classified to malformations of the circulatory system, 33 to spina bifida and meningocele, 25 to congenital hydrocephalus, 24 to malformations of the digestive system, eight to monstrosity and seven to malformations of the genito-urinary system. All but 11 of the 211 classified to "other diseases peculiar to early infancy" were neo-natal deaths and the great majority (156) were, as usual, certified to be due to prematurity unqualified by any other cause. The remainder within this group were classified to the following individual categories of the International Lists—25 to haemolytic disease of the newborn (erythroblastosis), 17 to ill-defined diseases peculiar to early infancy, 10 to haemorrhagic disease of the newborn and three to immaturity with mention of other subsidiary condition.

MORTALITY OF ILLEGITIMATE INFANTS.—The following table shows the differential incidence of mortality during 1958 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County :—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1953	28.6	37.5	28.9	30.9	16.3	30.5	28.9	35.0	29.1
1954	28.6	38.3	29.0	27.7	68.0	28.7	28.5	41.4	28.9
1955	25.7	31.5	25.9	29.6	47.2	30.1	26.3	33.4	26.6
1956	27.0	35.0	27.3	25.9	50.0	26.6	26.9	36.8	27.2
1957	25.4	23.8	25.3	23.8	47.3	24.5	25.1	26.6	25.2
1958	25.7	18.8	25.5	25.8	46.5	26.3	25.7	21.9	25.6

NEO-NATAL MORTALITY.—The number of neo-natal deaths registered and assigned to the Administrative County in 1958 was 628, representing a mortality rate of 18.2 per 1,000 live births. This was 0.6 per 1,000 higher than the rate for the previous year but 1.2 per 1,000 less than that for the preceding five years, 1953–57.

Whilst classification by cause at local level is not provided by the Registrar General, an analysis is available from County records with regard to which the observations made earlier under the heading “ Infant Mortality ” should be noted. Neo-natal deaths belonging to the Administrative County and recorded as having *occurred* during 1958 numbered 623, five less than the registered deaths assigned by the Registrar General. Of the 623, 169 or 27.1 per cent. were classified to post-natal asphyxia and atelectasis, 111 or 17.8 per cent. to congenital malformations, 78 or 12.5 per cent. to birth injuries, 38 or 6.1 per cent. to pneumonia of the newborn, 200 or 32.1 per cent. to other diseases peculiar to early infancy and the remaining 27 or 4.3 per cent. to all other causes.

The neo-natal mortality rates for the Administrative County and the aggregates of the urban and rural districts, based on registered deaths and registered live births, are given in the following table for each year from 1950, when particulars of neo-natal deaths were first issued by the Registrar General. The rates for England and Wales per 1,000 live births are also shown.

	Rate of deaths of children aged less than four weeks per 1,000 live births									
	1950	1951	1952	1953	1954	1955	1956	1957	1958	
Urban Districts	20.0	18.8	20.5	19.9	20.6	18.8	19.3	17.7	18.3	
Rural Districts	18.9	20.5	20.2	23.2	21.2	21.0	19.0	17.4	18.2	
Administrative County ...	19.9	19.0	20.4	20.4	20.6	19.2	19.2	17.6	18.2	
England and Wales ...	18.5	18.9	18.3	17.7	17.7	17.2	16.8	16.5	*16.2	

* Provisional figure.

Particulars of infant and neo-natal deaths and death rates for each County district for the year 1958 are given in Table 2, pages 170 to 177.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

Smallpox.—For the fifth successive year the Administrative County area was entirely free from the incidence of smallpox.

Diphtheria.—As a result of the intensive immunisation campaign which has been waged against diphtheria over the last decade or so, this once dreaded disease has now been almost eliminated, for the second year in succession only one case being notified—that of a schoolboy aged five years who had not been immunised and who, unfortunately, died. Prior to 1958, no deaths had occurred for four years.

Whooping Cough.—This disease was not generally compulsorily notifiable until February, 1940, and the incidence during 1958 is the lowest recorded since that date. A total of 1,394 cases were notified during the year, 1,697 fewer than in the previous year and 940 below the previous lowest figure recorded in 1942. The attack rate was 0.65 per 1,000 of the estimated population compared with 1.46 in 1957. For the first time no deaths whatsoever occurred ; there were three deaths in 1957.

Measles (excluding rubella).—Following the record number of cases of measles notified in 1957, viz., 31,473, there was a tremendously decreased incidence during the year under report, only 10,328 notifications being received—some 6,000 fewer than the average annual incidence since this disease became compulsorily notifiable in 1940. The resultant attack rate per 1,000 population was 4.85 or 10.07 less than in 1957 and 0.90 less than that for the country as a whole. Only one death occurred—that of a child of pre-school age.

Meningococcal Infection.—There was once again a decrease in the number of cases of meningococcal infection, the 28 cases notified being 23 less than in 1957 and equivalent to an attack rate of 0.01 per 1,000 of the population.

Ten deaths occurred, the same as in the previous year, but by reason of the reduced number of cases the case fatality rate accordingly rose from 19.6 per cent. to 35.7 per cent. The mortality rate was, however, the same as in 1957, viz., 0.005 per 1,000 population.

Acute Poliomyelitis.—The incidence of confirmed cases of acute poliomyelitis was very similar to that in the previous year, 101 cases being notified as compared with 96 in 1957. The annual average over the previous decade was 119. Sixty-four of the 109 County districts were entirely free from the disease throughout the year. Of the 101 notified cases, 75 were of the paralytic type and 26 non-paralytic—a ratio of 2.9 : 1 which is rather greater than the average annual ratio of 2.4 : 1 which has obtained since the two types of the disease were made the subject of separate notification in 1950. Below are given the average ratios of paralytic to non-paralytic cases in specified age groups during the period 1950–58 :—

	All ages.	Under 5 yrs.	5–14 yrs.	15–24 yrs.	25 yrs. and over.
Average : 1950–58 ...	2.4 : 1	3.1 : 1	1.7 : 1	2.5 : 1	3.2 : 1

Turning to the attack rate of the persons exposed to risk, the total cases of both types in 1958 were equivalent to a rate of 0.47 per 10,000 of the total population. When the individual age groups are examined, however, by far the heaviest attack rate is seen to be amongst children under five years of age, viz., 3.04 per 10,000, followed by a rate of 1.11 in those aged 5 to 14 years, and one of 0.11 in persons of 15 years and over. The comparable average figures for the years 1950–58 were :—all ages, 0.53 ; under five years, 2.71 ; 5 to 14 years, 1.27 ; and 15 years and over, 0.19. Thus, whilst the respective attack rates in 1958 in the groups over five years of age were less than the average of the last nine years, that relative to pre-school children was appreciably higher.

An analysis of the notifications of paralytic cases over the past nine years as to the percentage they form of the total notifications in certain age groups and according to sex reveals the following :—

	Males						Females					
	All Ages	Under 5	5—	10—	15—	25—	All Ages	Under 5	5—	10—	15—	25—
Total cases ...	556	210	138	55	51	102	438	167	109	43	53	66
Paralytic cases ...	378	153	81	31	33	80	327	132	82	24	41	48
Percentage of paralytic to total cases ...	68	73	59	56	65	78	75	79	75	56	77	73

It will be abundantly clear from this statement that whilst both the total cases and the paralytic forms have been fewer in number among females than among males, the proportions of the total cases in each sex which have been of the paralytic type have, in each age group except those aged 10 to 14 and 25 and over, been greater among females than amongst males. Again, a perusal of the percentages shows that for each sex the proportion of paralytic cases is high among the under-fives, falls in each of the groups 5 to 9 and 10 to 14 and then rises steeply again through the adolescent ages to the full adult group.

The table below classifies by sex and certain age groups the case incidence of each type of poliomyelitis since 1950 :—

Year.	Sex.	Paralytic						Non-Paralytic					
		All Ages	Under 5	5—	10—	15—	25—	All Ages	Under 5	5—	10—	15—	25—
1950 ...	M	67	30	10	8	10	9	25	9	5	1	3	7
	F	58	32	11	4	7	4	10	6	1	—	—	3
1951 ...	M	36	19	5	1	2	9	12	1	3	3	2	3
	F	23	9	7	—	4	3	12	1	4	2	2	3
1952 ...	M	26	11	3	4	3	5	8	3	2	—	3	—
	F	17	5	5	1	5	1	4	—	1	2	—	1
1953 ...	M	56	13	14	3	7	19	19	5	7	3	3	1
	F	42	18	13	1	1	9	15	6	4	1	3	1
1954 ...	M	19	10	5	1	—	3	15	7	—	4	2	2
	F	21	9	8	1	1	2	8	5	2	1	—	—
1955 ...	M	55	26	14	2	3	10	25	7	9	3	1	5
	F	38	12	8	—	4	14	12	3	2	4	1	2
1956 ...	M	42	15	6	5	3	13	47	14	22	7	1	3
	F	56	20	14	6	8	8	29	6	8	5	4	6
1957 ...	M	35	10	9	3	3	10	12	3	6	1	2	—
	F	39	12	12	7	3	5	10	3	4	1	1	1
1958 ...	M	42	19	15	4	2	2	15	8	3	2	1	1
	F	33	15	4	4	8	2	11	5	1	3	1	1

Although the total number of cases of poliomyelitis in 1958 was only five in excess of that for 1957, the fatalities were almost doubled, there being nine deaths with a resultant mortality rate of 0·04 per 10,000 of the population. Consequently the case fatality rate rose from 5·2 per cent. in each of the two previous years to one of 8·9 per cent. Again, whereas the mortality amongst females is generally considerably less than that amongst males, in 1958 the reverse was the case, there being five deaths of females against four amongst males with a consequent higher mortality ratio amongst females than males. It should be borne in mind, however, that a fatality ratio produced by relating the deaths in one year to the number of notifications in that year may not necessarily be accurate in that the deaths may include cases notified in a previous year. In this connection it may be noted that the average case fatality rate over the last 10 years, 1949–58, has been nine per cent.

It is of interest to compare the distribution of deaths attributed to acute poliomyelitis with the notifications of paralytic attacks. In 1958 the deaths at all ages formed 12 per cent. of the paralytic notifications. The fatality ratio, however, showed a steady rise with age, that for the under five-year-olds being 2·9 per cent., for children between five and 15 years 18·5 per cent., young persons 15 to 24 years 20 per cent. and adults of 25 years of age and over 25 per cent. When these ratios are compared with the average figures for the years 1950–58, it is seen that in that period the percentages were as follows—all ages, 10·6 ; under five years, 4·2 ; five to 14 years, 6·9 ; 15 to 24 years, 17·6 ; and 25 years and over 27·3. A further examination of the distribution of the deaths by sex as well as by age in relation to the notified paralytic cases over the period 1950–58 reveals considerable difference between the ratios for males and females in each age group except that of young persons of 15 years of age and under 25 years, those for females at every age being the lower. This is clearly shown below :—

Deaths expressed as a percentage of paralytic cases notified										
		All ages		Under 5		5—		15—		25—
Males	...	13·5	...	5·9	...	8·0	...	18·2	...	33·8
Females	...	7·3	...	2·3	...	5·7	...	17·1	...	16·7

The following table gives particulars of the notifications of and deaths from acute poliomyelitis in the Administrative County during the last nine years :—

Year	Cases notified			Attack rate per 10,000 population			No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.	Deaths as a percentage of paralytic cases
	Total	Paralytic		Total	Paralytic	Non-paralytic				
		No.	% of total							
1950 ...	160	125	78.1	0.78	0.61	0.17	18	0.09	11.3	14.4
1951 ...	83	59	71.1	0.41	0.29	0.12	10	0.05	12.0	16.9
1952 ...	55	43	78.2	0.27	0.21	0.06	8	0.04	14.5	18.6
1953 ...	132	98	74.2	0.65	0.48	0.17	8	0.04	6.1	8.2
1954 ...	63	40	63.5	0.31	0.19	0.11	4	0.02	6.3	10.0
1955 ...	130	93	71.5	0.63	0.45	0.18	4	0.02	3.1	4.3
1956 ...	174	98	56.3	0.83	0.47	0.36	9	0.04	5.2	9.2
1957 ...	96	74	77.1	0.45	0.35	0.10	5	0.02	5.2	6.8
1958 ...	101	75	74.3	0.47	0.35	0.12	9	0.04	8.9	12.0
1950-58	994	705	70.9	0.53	0.38	0.16	75	0.04	7.5	10.6

Acute Encephalitis.—Only eight cases of acute encephalitis were notified during the year—the same number as in 1957. Of these, two were infective and six post-infectious. The average annual incidence of this disease during the preceding five years 1953-57 was seven infective and four post-infectious cases.

Scarlet Fever.—Scarlet fever was rather more prevalent than in the previous year, the 1,985 cases representing an increase of 340 above the record low figure of 1,645 in 1957. The attack rate accordingly rose from 0.78 per 1,000 of the estimated population to 0.93.

Particulars of deaths registered as due to scarlet fever are not provided by the Registrar General, but according to returns supplied by local Medical Officers of Health there was one such death during 1958—that of a female child aged three years.

Typhoid and Paratyphoid Fevers.—The number of cases of typhoid and paratyphoid fevers was just double that in 1957 and the highest recorded since 1951. In all, 36 notifications were received but 94 of the 109 County districts were entirely free from these diseases. The average annual incidence of typhoid and paratyphoid fevers during the previous five years 1953-57 was 20. According to local returns one death from paratyphoid fever was recorded, that of an adult female.

Dysentery.—A total of 2,659 cases of dysentery were notified during the year representing a decrease of 349 from that in 1957. The attack rate of 1.25 per 1,000 estimated population, which was less by 0.18 than that for the previous year, was, however, 0.41 greater than that for the country as a whole. As usual almost three-quarters of the cases occurred amongst children under the age of 15 years.

Food Poisoning.—The notifications of cases of food poisoning rose from 403 in 1957 to 582 in the year under report and were equivalent to an attack rate of 0.27 per 1,000 of the estimated population—0.07 higher than that for England and Wales generally. According to local returns one death—that of a female between the ages of 45 and 65 years—was ascribed to this disease.

The table below shows by age group and sex the number of cases notified during 1958 and each of the preceding five years :—

Year	Age group and sex.													
	All ages		0—		5—		15—		45—		65—		Unknown	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1953 ...	540	582	47	51	76	73	226	257	137	139	44	58	10	4
1954 ...	157	240	30	30	29	33	48	101	34	48	15	28	1	—
1955 ...	535	615	56	54	201	200	114	183	46	112	8	28	110	38
1956 ...	196	218	63	50	53	40	36	76	34	34	8	16	2	2
1957 ...	172	231	41	31	26	39	65	88	27	44	8	14	5	15
1958 ...	332	250	35	50	62	41	180	76	28	39	10	22	17	22

Further particulars regarding the cases notified in 1958, including the organisms or other agents responsible, the foods involved and the places where the contaminated foods were consumed are given later in this report in the Section relative to "Inspection and Supervision of Food."

Notifications.—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1958 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR
THE YEAR ENDED 31ST DECEMBER, 1958, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute poliomyelitis		Dysentery	Meningococcal infection	Sex	Age group	Sex	Acute pneumonia	Smallpox	Acute encephalitis		Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Food poisoning
				Paralytic	Non-paralytic								Infective	Post-infectious				
ADMINISTRATIVE COUNTY																		
983	1	638	5,271	42	15	1,350	11	M.	ALL	M.	476	—	1	3	4	11	64	332
1,002	—	756	5,057	33	11	1,309	17	F.	AGES	F.	384	—	1	3	5	16	71	250
1,985	1	1,394	10,328	75	26	2,659	28	T.		T.	860	—	2	6	9	27	135	582
—	—	59	174	3	1	60	4	M.	0—									
4	—	69	198	3	—	38	5	F.										
4	—	128	372	6	1	98	9	T.										
72	—	145	1,281	12	3	255	3	M.	1—	M.	66	—	—	1	1	3	2	35
57	—	191	1,154	8	3	241	6	F.										
129	—	336	2,435	20	6	496	9	T.										
249	—	178	1,408	4	4	246	1	M.	3—	F.	66	—	1	1	—	6	—	50
229	—	182	1,364	4	2	204	2	F.										
478	—	360	2,772	8	6	450	3	T.										
570	1	241	2,272	15	3	387	1	M.	5—	M.	48	—	—	2	2	3	1	62
588	—	280	2,181	4	1	313	—	F.										
1,158	1	521	4,453	19	4	700	1	T.										
76	—	7	92	4	2	99	—	M.	10—	F.	38	—	—	2	—	6	2	41
101	—	18	92	4	3	91	1	F.										
177	—	25	184	8	5	190	1	T.										
9	—	3	10	2	1	33	—	M.	15—	M.	123	—	1	—	1	4	14	180
15	—	3	22	8	1	118	1	F.										
24	—	6	32	10	2	151	1	T.										
7	—	2	15	2	1	265	2	M.	25—	F.	96	—	—	2	2	3	14	76
8	—	12	29	2	1	301	2	F.										
15	—	14	44	4	2	566	4	T.										
7	—	2	15	2	1	265	2	M.	45—	M.	151	—	—	—	—	1	33	28
8	—	12	29	2	1	301	2	F.										
15	—	14	44	4	2	566	4	T.										
7	—	2	15	2	1	265	2	M.	65—	F.	92	—	—	—	3	1	37	39
8	—	12	29	2	1	301	2	F.										
15	—	14	44	4	2	566	4	T.										
—	—	3	19	—	—	5	—	M.	UN- KNOWN	M.	80	—	—	—	—	—	13	10
—	—	1	17	—	—	3	—	F.										
—	—	4	36	—	—	8	—	T.										

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			* Chickenpox		
	F.	M.	F.	T.	M.	F.	T.
Administrative County ...	135	6	7	13	23	21	44

*Notifiable during year in two districts only.

Below, comparison is made of the number of notifications of the principal infectious diseases during 1958 and the preceding 10 years :—

Infectious disease	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Measles (excluding ... rubella)	21,605	15,685	17,636	26,461	16,197	21,785	13,277	24,499	9,395	31,473	10,328
Whooping cough ...	6,404	5,195	8,295	6,005	4,775	7,260	5,224	3,649	5,330	3,091	1,394
Scarlet fever ...	5,287	5,092	3,670	3,063	3,816	3,584	2,466	2,065	1,888	1,645	1,985
Acute pneumonia ... (primary and influenzal)	1,356	1,473	1,213	2,028	1,183	1,165	999	989	925	1,354	860
Dysentery ...	460	619	1,303	1,295	1,250	899	2,769	3,316	2,471	3,008	2,659
Erysipelas ...	437	398	363	305	252	282	214	217	194	167	135
Puerperal pyrexia ...	123	83	93	143	230	239	252	326	265	186	135
Diphtheria ...	202	84	43	38	72	18	17	13	3	1	1
Acute poliomyelitis...	59	235	160	83	55	132	63	130	174	96	101
Meningococcal ... infection	*	*	44	65	37	64	60	60	73	51	28
Typhoid and ... paratyphoid fevers	30	71	12	116	32	11	27	29	13	18	36
Smallpox ...	—	—	—	—	19	2	—	—	—	—	—

*The nomenclature "Meningococcal Infection" was first introduced in 1950 and comparative figures for previous years are not available.

Death Rates from Certain Infectious Diseases.—The table below gives for the last two decades the death rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the war years 1939–45 relate to civilians only.

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		*Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1939 ...	1,940,100	nil	nil	157	0.082	58	0.030	4	0.002	7	0.004	—	—
1940 ...	1,900,870	nil	nil	137	0.072	45	0.024	49	0.026	9	0.005	—	—
1941 ...	1,918,320	nil	nil	183	0.095	129	0.067	38	0.020	8	0.004	—	—
1942 ...	1,885,600	nil	nil	105	0.056	20	0.011	27	0.014	8	0.004	—	—
1943 ...	1,848,650	nil	nil	69	0.037	69	0.037	26	0.014	6	0.003	—	—
1944 ...	1,837,800	nil	nil	68	0.037	35	0.019	22	0.012	2	0.001	—	—
1945 ...	1,832,420	nil	nil	52	0.028	29	0.016	23	0.013	4	0.002	—	—
1946 ...	1,924,880	nil	nil	25	0.013	43	0.022	9	0.005	7	0.004	—	—
1947 ...	1,959,160	nil	nil	12	0.006	32	0.016	30	0.015	36	0.018	—	—
1948 ...	2,007,150	nil	nil	11	0.005	39	0.019	26	0.013	10	0.005	—	—
1949 ...	2,020,720	nil	nil	5	0.002	30	0.015	14	0.007	34	0.017	—	—
1950 ...	2,047,010	nil	nil	6	0.003	21	0.010	6	0.003	18	0.009	16	0.008
1951 ...	†2,040,460	nil	nil	1	0.000	17	0.008	15	0.007	10	0.005	12	0.006
1952 ...	†2,043,900	nil	nil	2	0.001	6	0.003	4	0.002	8	0.004	14	0.007
1953 ...	2,044,400	1	0.000	2	0.001	12	0.006	12	0.006	8	0.004	11	0.005
1954 ...	†2,052,270	nil	nil	nil	nil	3	0.001	1	0.000	4	0.002	10	0.005
1955 ...	2,068,000	nil	nil	nil	nil	4	0.002	6	0.003	4	0.002	12	0.006
1956 ...	2,091,000	nil	nil	nil	nil	5	0.002	nil	nil	9	0.004	14	0.007
1957 ...	2,110,000	nil	nil	nil	nil	3	0.001	3	0.001	5	0.002	10	0.005
1958 ...	2,129,000	nil	nil	1	0.000	nil	nil	1	0.000	9	0.004	10	0.005

*This nomenclature was first introduced in 1950 and comparative figures for previous years are not available.

†Specially constructed population.

Tuberculosis.—NOTIFICATIONS.—The transference between administrative areas of large numbers of people, mainly through absorption of overspill populations, has introduced into the collection of post-war statistics of tuberculosis notifications a complication which, in Lancashire at least, has rendered advisable the provision of two parallel sets of figures—those relating to true incidence (*i.e.*, cases ascertained for the first time to have contracted the disease and formally notified) and those relating to notified cases added to the County total of known cases during the period under consideration (*i.e.*, true incidence plus cases known to have been notified previously in some other authority's area and now residing for the first time in the County area, these latter being referred to as "transfer" cases or "transfer" notifications).

During the past few years there has been a very marked increase in the number of tubercular cases moving into the Administrative County area. Ten years ago transfer notifications of cases of respiratory tuberculosis represented only 6·8 per cent. of the total respiratory notifications received. Until 1958 this proportion rapidly increased and now forms some 35 per cent. of such notifications. For the past four years one in every three persons notified in the Administrative County as suffering from respiratory tuberculosis was a known case, previously notified elsewhere, who had moved into the area during that period to reside. This position is, of course, most marked in the districts absorbing large overspill populations, particularly from Liverpool County Borough.

The following table shows the total cases notified in the Administrative County each year since 1913, when the official tuberculosis service began, together with the corresponding case-rates per 1,000 of the estimated population. Whilst the figures prior to the last decade are regarded, generally speaking, as indicative of the actual incidence of the disease, the foregoing remarks regarding transfer cases in the post-war period should be borne in mind. For this reason the use of the term "case-rate" is more appropriate to the table than "incidence rate."

Year	Notifications			Case-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1·54	0·90	2·45
1914	2,820	1,140	3,960	1·61	0·65	2·26
1915	2,872	1,128	4,000	1·64	0·64	2·28
1916	2,689	1,180	3,869	1·52	0·66	2·19
1917	2,375	1,062	3,437	1·35	0·60	1·96
1918	2,534	885	3,419	1·47	0·51	1·98
1919	2,105	847	2,952	1·21	0·48	1·70
1920	2,084	968	2,052	1·20	0·55	1·76
1921	2,044	899	2,943	1·16	0·51	1·67
1922	1,863	956	2,189	1·05	0·54	1·59
1923	1,937	1,188	3,125	1·09	0·66	1·75
1924	1,972	1,120	3,092	1·10	0·62	1·73
1925	1,846	1,027	2,873	1·03	0·57	1·60
1926	1,828	953	2,781	1·02	0·53	1·55
1927	1,794	1,045	2,839	0·99	0·58	1·57
1928	1,660	956	2,616	0·91	0·52	1·44
1929	1,517	913	2,430	0·83	0·50	1·34
1930	1,527	982	2,509	0·84	0·54	1·38
1931	1,460	862	2,322	0·80	0·47	1·28
1932	1,477	825	2,302	0·81	0·45	1·27
1933	1,453	780	2,233	0·80	0·43	1·23
1934	1,315	774	2,089	0·72	0·42	1·15
1935	1,305	672	1,977	0·71	0·36	1·08
1936	1,248	722	1,970	0·67	0·39	1·06
1937	1,314	745	2,059	0·70	0·40	1·10
1938	1,227	805	2,032	0·65	0·42	1·08
1939	1,252	757	2,009	0·65	0·39	1·05
1940	1,340	715	2,055	0·70	0·37	1·08
1941	1,414	732	2,146	0·73	0·38	1·11
1942	1,447	766	2,213	0·76	0·40	1·17
1943	1,456	778	2,234	0·78	0·42	1·20
1944	1,512	665	2,177	0·82	0·36	1·18
1945	1,511	641	2,152	0·82	0·34	1·17
1946	1,663	537	2,200	0·86	0·27	1·14
1947	1,394	519	1,913	0·71	0·26	0·97
1948	1,522	551	2,073	0·75	0·27	1·02
1949	1,613	466	2,079	0·80	0·23	1·03
1950	1,497	401	1,898	0·73	0·20	0·93
1951	1,838	396	2,234	0·90	0·19	1·09
1952	1,712	367	2,079	0·84	0·18	1·02
1953	1,753	322	2,075	0·86	0·16	1·01
1954	1,822	312	2,134	0·89	0·15	1·04
1955	1,745	224	1,969	0·84	0·11	0·95
1956	1,710	225	1,935	0·82	0·11	0·93
1957	1,780	209	1,989	0·84	0·10	0·94
1958	1,578	173	1,751	0·74	0·08	0·82

An analysis by sex, age group and site classification of the notifications of tuberculosis, both primary and inward transfer, received during 1958, is given in Table 6, page 185.

From the foregoing table it will be seen that the total number of notifications of tuberculosis fell from 1,989 in 1957 to 1,751, the lowest total ever recorded. Respiratory notifications numbered 1,578 or 202 less than in the previous year, whilst non-respiratory notifications decreased from 209 to 173, also a new low record. The resultant case-rates per 1,000 estimated population were respectively 0·82, 0·74 and 0·08 all of which were appreciably lower than the previous year's rates.

To obtain a clearer picture, however, of the actual incidence of tuberculosis *arising* in the Administrative County area, it is necessary to examine the notifications of entirely new cases, *i.e.*, those not previously notified either in the County area or in other authorities' areas. Such notifications together with the corresponding incidence rates from 1949 onwards are set out in the following table :—

Year	*Notifications			Incidence rate per 1,000 of population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1949 ...	1,503	447	1,950	0·74	0·22	0·97
1950 ...	1,394	391	1,785	0·68	0·19	0·87
1951 ...	1,688	381	2,069	0·83	0·19	1·01
1952 ...	1,588	359	1,947	0·78	0·18	0·95
1953 ...	1,492	298	1,790	0·73	0·15	0·88
1954 ...	1,420	288	1,708	0·69	0·14	0·83
1955 ...	1,165	187	1,352	0·56	0·09	0·65
1956 ...	1,158	186	1,344	0·55	0·09	0·64
1957 ...	1,153	178	1,331	0·55	0·08	0·63
1958 ...	1,024	142	1,166	0·48	0·07	0·55

* Excluding "transfers-in."

It will be noted that there was a decided reduction in the number of cases of each form of tuberculosis in 1958 compared with the previous year and once again a new low record incidence figure of new cases of both respiratory and non-respiratory tuberculosis arising in the Administrative County was attained. Compared with the figures for the country as a whole, the County incidence rates were better by 0·11 and 0·01 per 1,000 population respectively.

Notifications in age groups.—The following tables give in specified age groups the male and female notified cases of respiratory and non-respiratory tuberculosis in the year 1958, after correction for subsequent changes in diagnosis and the exclusion of all *duplicate* and inward *transfer* cases—*i.e.*, they refer only to the actual incidence of new cases. For comparative purposes the figures for each of the preceding five years are also shown.

YEAR	SEX	RESPIRATORY TUBERCULOSIS													Total M. & F.
		AGE GROUP—YEARS													
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages		
1953 ...	M.	4	33	36	30	49	72	129	104	158	133	66	814	1,492	
	F.	2	28	51	27	110	109	166	106	42	21	16	678		
1954 ...	M.	—	28	32	27	71	61	134	130	167	101	65	816	1,420	
	F.	2	22	31	32	102	98	160	79	35	26	17	604		
1955 ...	M.	3	27	26	19	50	59	98	100	135	111	72	700	1,165	
	F.	4	21	28	19	71	77	120	54	38	20	13	465		
1956 ...	M.	3	13	26	20	47	60	98	99	142	132	57	697	1,158	
	F.	2	14	21	19	75	75	111	72	26	26	20	461		
1957 ...	M.	—	18	27	15	42	55	97	123	131	138	82	728	1,153	
	F.	1	21	17	24	49	65	92	68	47	22	19	425		
1958 ...	M.	2	15	22	17	35	56	81	99	133	119	50	629	1,024	
	F.	2	14	28	13	55	54	88	57	38	28	18	395		

YEAR	SEX	NON-RESPIRATORY TUBERCULOSIS												Total M. & F.
		AGE GROUP—YEARS												
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages	
1953 ...	M.	—	29	33	24	10	7	10	12	11	7	7	150	298
	F.	3	16	27	9	24	21	18	12	8	4	6	148	
1954 ...	M.	4	15	22	24	9	12	12	10	8	4	4	124	288
	F.	—	14	34	21	20	15	26	10	11	6	7	164	
1955 ...	M.	1	8	20	17	11	6	12	9	6	4	2	96	187
	F.	2	7	8	16	10	8	11	11	12	2	4	91	
1956 ...	M.	—	12	17	12	11	6	12	5	10	7	4	96	186
	F.	1	7	9	11	11	9	19	7	5	5	6	90	
1957 ...	M.	—	13	11	10	8	5	10	13	6	4	5	85	178
	F.	—	9	22	8	12	5	15	11	4	5	2	93	
1958 ...	M.	1	10	12	15	7	2	11	11	3	2	2	76	142
	F.	1	7	6	9	4	7	17	8	4	3	—	66	

MORTALITY.—Once again a new low record was achieved in the number of deaths ascribed to tuberculosis of the respiratory system, although the decrease to 204 from 207 in 1957 was not nearly so marked as in the two previous years, and was insufficient to effect any change in the low record mortality rate of 0·10 per 1,000 of the estimated population established in 1957. It is interesting to note, however, that the number of deaths in 1958 was more than 43·5 per cent. less than it was five years before despite an ever increasing population. Compared with that for England and Wales, the mortality rate remained, as in the year before, 0·01 higher.

The number of deaths from non-respiratory tuberculosis totalled only 19 in the year under report—another low record figure—the mortality rate remaining as it had done in the three previous years at the record low figure of 0·01 per 1,000 of the population, the same as that for the country as a whole.

Comparison is made below of the number of deaths from tuberculosis registered during 1958 and the equivalent death rates with the corresponding annual averages for the preceding five years, 1953–57 :—

Period	Respiratory tuberculosis		Non-respiratory tuberculosis		All forms	
	No. of deaths registered	Death rate per 1,000 population	No. of deaths registered	Death rate per 1,000 population	No. of deaths registered	Death rate per 1,000 population
Mean of 5 years, 1953–57 ...	280	0·13	33	0·02	312	0·15
Year 1958	204	0·10	19	0·01	223	0·10
Decrease in 1958	76	0·03	14	0·01	89	0·05

The table below gives the death rates from respiratory tuberculosis in the urban and rural districts and the Administrative County as a whole for 1958 and each of the preceding 10 years and, for the purposes of comparison, the rates for England and Wales :—

Year	Administrative County			England and Wales
	Death rate per 1,000 of population			Death rate per 1,000 of population
	Urban	Rural	County	
1948	0.35	0.24	0.34	0.44
1949	0.35	0.25	0.34	0.40
1950	0.29	0.21	0.28	0.32
1951	0.27	0.18	0.26	0.28
1952	0.22	0.11	0.20	0.21
1953	0.17	0.20	0.18	0.18
1954	0.13	0.19	0.14	0.16
1955	0.15	0.14	0.15	0.13
1956	0.11	0.11	0.11	0.11
1957	0.10	0.10	0.10	0.09
1958	0.09	0.10	0.10	*0.09

*Provisional figure.

The table below shows the numbers of deaths registered and the death rates recorded during the years 1913 to 1958 in the Administrative County :—

Year	Deaths			Death rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0.82	0.30	1.12
1914	1,523	572	2,095	0.87	0.32	1.19
1915	1,614	555	2,169	0.96	0.34	1.30
1916	1,685	471	2,156	1.04	0.29	1.33
1917	1,584	466	2,050	1.00	0.30	1.30
1918	1,652	435	2,087	1.07	0.28	1.35
1919	1,339	358	1,697	0.80	0.22	1.02
1920	1,323	396	1,719	0.76	0.23	0.99
1921	1,301	376	1,677	0.73	0.21	0.95
1922	1,362	389	1,751	0.77	0.22	0.99
1923	1,250	412	1,662	0.70	0.23	0.93
1924	1,215	339	1,554	0.68	0.19	0.87
1925	1,205	361	1,566	0.67	0.20	0.87
1926	1,158	286	1,444	0.64	0.16	0.80
1927	1,105	296	1,401	0.61	0.16	0.77
1928	1,066	287	1,353	0.58	0.15	0.74
1929	1,102	279	1,381	0.60	0.15	0.76
1930	1,046	253	1,299	0.57	0.14	0.71
1931	1,021	266	1,287	0.56	0.14	0.71
1932	975	238	1,213	0.54	0.13	0.67
1933	1,010	232	1,242	0.55	0.12	0.68
1934	848	231	1,079	0.46	0.12	0.59
1935	855	189	1,044	0.46	0.10	0.57
1936	856	192	1,048	0.46	0.10	0.56
1937	865	198	1,063	0.46	0.10	0.57
1938	802	177	979	0.42	0.09	0.52
1939	814	195	1,009	0.42	0.10	0.52
1940	876	188	1,064	0.46	0.09	0.55
1941	838	221	1,059	0.43	0.11	0.55
1942	776	196	972	0.41	0.10	0.51
1943	765	177	942	0.41	0.09	0.50
1944	773	182	955	0.42	0.09	0.51
1945	709	161	870	0.38	0.08	0.47
1946	751	154	905	0.39	0.08	0.47
1947	761	136	897	0.38	0.06	0.45
1948	688	126	814	0.34	0.06	0.40
1949	678	122	800	0.34	0.06	0.40
1950	573	93	666	0.28	0.05	0.33
1951	529	85	614	0.26	0.04	0.30
1952	414	63	477	0.20	0.03	0.23
1953	361	42	403	0.18	0.02	0.20
1954	293	44	337	0.14	0.02	0.16
1955	302	25	327	0.15	0.01	0.16
1956	235	24	259	0.11	0.01	0.12
1957	207	29	236	0.10	0.01	0.11
1958	204	19	223	0.10	0.01	0.10

The following tables show the deaths from respiratory and non-respiratory tuberculosis assigned to the Administrative County since 1950, analysed according to sex and age :—

Deaths from Respiratory Tuberculosis

Year			Age periods—years															
			All ages		0—		1—		5—		15—		25—		45—		65—	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1950	...	...	350	223	—	1	1	1	—	1	15	41	101	106	186	51	47	22
1951	...	...	338	191	—	1	—	—	2	1	11	21	100	92	161	55	64	21
1952	...	...	287	127	—	2	1	—	—	—	6	19	76	57	147	32	57	17
1953	...	...	238	123	—	—	—	—	—	—	2	14	44	54	137	36	55	19
1954	...	...	207	86	—	—	1	—	1	—	1	3	47	40	112	33	45	10
1955	...	...	220	82	—	1	—	—	—	—	2	1	36	31	117	30	65	19
1956	...	...	172	63	—	—	—	—	—	—	—	5	31	28	94	14	47	16
1957	...	...	151	56	—	—	—	—	—	—	2	—	20	21	87	22	42	13
1958	...	...	151	53	—	—	1	1	—	—	2	1	21	19	82	20	45	12

Deaths from Non-Respiratory Tuberculosis

Year			Age periods—years															
			All ages		0—		1—		5—		15—		25—		45—		65—	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1950	...	...	51	42	3	2	12	12	4	3	7	9	8	7	12	7	5	2
1951	...	...	41	44	1	1	12	14	7	6	2	4	10	8	7	10	2	1
1952	...	...	34	29	4	2	7	5	7	4	—	2	8	6	6	4	2	6
1953	...	...	17	25	—	—	4	3	3	2	1	2	6	4	2	11	1	3
1954	...	...	28	16	2	—	2	1	2	2	2	2	6	2	9	5	5	4
1955	...	...	14	11	1	1	—	1	—	1	3	1	4	—	5	3	1	4
1956	...	...	8	16	—	—	—	—	3	1	—	2	1	2	2	6	2	5
1957	...	...	10	19	—	—	—	3	—	—	—	—	3	7	4	3	3	6
1958	...	...	6	13	—	—	1	1	—	4	2	1	1	1	1	2	1	4

Non-notified fatal cases.—The number of deaths from all forms of tuberculosis in 1958 which escaped statutory notification as tuberculosis cases during life (*i.e.*, non-notified fatal cases) was 43 or 19·3 per cent. of the total deaths from tuberculosis. The corresponding figures for the previous year were 58 (24·6 per cent.) and for 1956, 58 (22·4 per cent.). Reference to this deficiency in notification, which represents a serious problem in the field of prevention of tuberculosis, is made in the section of this report relating to “Prevention of Illness, Care and After-care.”

Of the 43 non-notified fatal cases belonging to the Administrative County in 1958, 34 were of respiratory tuberculosis and formed 16·7 per cent. of the total deaths from tuberculosis of the respiratory system as compared with a proportion of 22·2 per cent. in 1957.

HEALTH SERVICES

Divisional Health Administration.—The County Council, as the local health authority for the Administrative County area under the provisions of the National Health Service Act, 1946, provide the undermentioned services :—

- (a) Care of Mothers and Young Children ;
- (b) Midwifery and Maternity Nursing ;
- (c) Health Visiting ;
- (d) Home Nursing ;
- (e) Vaccination and Immunisation ;
- (f) Ambulance Service ;
- (g) Mental Health ;

and also arrangements for the prevention of illness, the care and after-care of persons suffering from illness or mental defectiveness and a domestic help service. Under the provisions of the Act they are also required to provide Health Centres.

In addition, provision has also been made under the terms of the National Assistance Act, 1948, for (i.) residential accommodation for the aged and infirm, (ii.) temporary accommodation for persons in urgent need and (iii.) the welfare of handicapped persons.

The responsibility for the administration of the various functions referred to above is that of the Health Committee which, appointed in accordance with the provisions of the National Health Service Act, 1946, consists of members of the County Council, together with representatives of the County District Council Associations in Lancashire, the Lancashire Executive Council, the Lancashire County Local Medical and Panel Committee, and voluntary organisations concerned with the care of old people.

As, in many important respects, the duties placed upon local health authorities are either complementary or supplementary to the treatment services administered by regional boards and executive councils, the administrative arrangements made by the County Council for carrying out their duties as local health authority conform, as far as possible, to those made for the treatment services.

Thus, following the pattern for the hospital treatment services laid down by the Act, *i.e.*, hospital districts with management committees appointed by the regional boards, the Administrative County is divided into 17 health divisions designed, so far as is practicable, to be coterminous with the drainage areas of the various hospital districts, and each having a divisional committee for the local management of the services in the division.

The constitution of each of the 17 divisional health committees embraces members of the County Council, representatives appointed by (a) the councils of the County districts within the division, (b) management committees of hospitals serving the division, and (c) the education divisional executives within the division, together with persons co-opted at the discretion of the divisional committee with the approval of the Health Committee, and the committees undertake the day-to-day administration of the bulk of the services provided by the local health authority.

The health divisions into which the Administrative County is sub-divided for the purposes of divisional administration are shown on the map inserted overleaf and, in the following statement, the constituent sanitary authorities of such divisions are set forth, together with particulars of acreages and the Registrar General's estimated mid-1958 populations.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1958	Estimated population as at 30th June, 1958
1	Dalton-in-Furness U.D.	8,022	10,290
	Grange U.D.	1,883	2,840
	Ulverston U.D.	3,196	10,400
	Ulverston R.D.	127,448	16,010
		140,549	39,540
2	Lancaster M.B.	4,873	49,150
	Morecambe and Heysham M.B.	3,794	37,380
	Carnforth U.D.	1,504	3,870
	Lancaster R.D.	53,212	13,130
	Lunesdale R.D.	76,267	7,440
		139,650	110,970
3	Fleetwood M.B.... ..	2,565	28,370
	Lytham St. Annes M.B.	5,814	31,740
	Kirkham U.D.	939	4,830
	Poulton-le-Fylde U.D.	2,272	10,970
	Preesall U.D.	3,277	2,240
	Thornton Cleveleys U.D.	3,358	16,850
	Fylde R.D.	33,264	16,010
	†Garstang R.D. (part)	14,535	3,760
		66,024	114,770
4	Chorley M.B.	4,283	31,500
	Adlington U.D.	1,062	4,230
	Fulwood U.D.	3,164	14,800
	Leyland U.D.	3,804	18,030
	Longridge U.D.	3,285	4,570
	Walton-le-Dale U.D.	4,733	16,330
	Withnell U.D.	4,186	2,790
	Chorley R.D.	41,114	27,410
	†Clitheroe R.D. (part)	19,803	2,680
	†Garstang R.D. (part)	42,956	9,730
	Preston R.D.	49,754	40,290
		178,144	172,360
5	Accrington M.B.	4,418	39,270
	Clitheroe M.B.	2,386	11,940
	Darwen M.B.	5,959	29,680
	Church U.D.	528	5,730
	Clayton-le-Moors U.D.	1,060	6,860
	Great Harwood U.D.	2,868	10,670
	Oswaldtwistle U.D.	4,885	11,930
	Rishton U.D.	2,879	5,500
	Blackburn R.D.... ..	19,469	13,990
	†Clitheroe R.D. (part)	12,367	6,660
		56,819	142,230
6	Colne M.B.	5,939	19,780
	Nelson M.B.	3,445	32,060
	Barrowford U.D.	1,387	4,720
	Brierfield U.D.	807	6,790
	Padiham U.D.	975	9,910
	Trawden U.D.	6,815	1,980
	Burnley R.D.	39,849	16,170
		59,217	91,410

† Populations computed from Registrar General's estimates on basis of parish populations as at Census, 1951.

COUNTY OF LANCASTER.

HEALTH DIVISIONS



Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1958	Estimated population as at 30th June, 1958
*7	Crosby M.B.	4,870	58,520
	Formby U.D.	5,613	10,790
	Litherland U.D.	1,209	24,590
	Ormskirk U.D.	15,608	21,450
	Skelmersdale U.D.	1,942	6,360
	*West Lancashire R.D.	65,620	48,740
		94,862	170,450
8	Abram U.D.	1,984	6,190
	Ashton-in-Makerfield U.D.	6,267	19,230
	Aspull U.D.	1,906	6,670
	Billinge and Winstanley U.D....	4,596	6,350
	Hindley U.D.	2,612	19,220
	Ince-in-Makerfield U.D.	2,320	20,020
	Orrell U.D.	1,617	10,140
	Standish-with-Langtree U.D.	3,266	9,110
	Up Holland U.D.	4,686	6,630
	Wigan R.D.	11,696	9,320
		40,950	112,880
*9	Widnes M.B.	5,746	50,630
	Huyton-with-Roby U.D.	3,053	61,190
	†Kirkby U.D.	4,672	42,490
	Prescot U.D.	870	12,620
	Rainford U.D.	5,877	4,570
	*Whiston R.D.	23,786	36,870
		44,004	208,370
10	Golborne U.D.	7,563	19,910
	Haydock U.D.	2,395	11,950
	Newton-le-Willows U.D.	3,105	22,090
	Warrington R.D.	22,350	33,790
		35,413	87,740
11	Farnworth M.B.	1,504	27,520
	Leigh M.B.	6,359	47,360
	Atherton U.D.	2,264	19,700
	Blackrod U.D.	2,392	3,360
	Horwich U.D.	3,257	15,840
	Kearsley U.D.	1,728	10,400
	Little Lever U.D.	808	4,750
	Turton U.D.	17,334	11,620
	Tyldesley U.D.	5,175	17,530
	Westhoughton U.D.	5,560	15,300
		46,381	173,380
12	Haslingden M.B.	8,203	14,090
	Prestwich M.B.	2,421	33,550
	Radcliffe M.B.	4,957	27,320
	Rawtenstall M.B.	9,528	24,230
	Ramsbottom U.D.	9,562	13,770
	Tottington U.D.	2,542	5,680
	Whitefield U.D....	3,388	13,170
		40,601	131,810

* Affected by boundary alterations during 1958.

†New Urban District created on 1st April, 1958.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1958	Estimated population as at 30th June, 1958
13	Bacup M.B.	6,121	17,990
	Heywood M.B.	8,508	24,810
	Littleborough U.D.	7,855	10,500
	Milnrow U.D.	5,194	8,360
	Wardle U.D.	3,192	4,520
	Whitworth U.D.	4,483	7,420
		35,353	73,600
14	Middleton M.B.	5,172	52,620
	Chadderton U.D.	3,013	32,240
	Crompton U.D.	2,865	12,520
	Failsworth U.D.	1,679	19,260
	Lees U.D.	288	3,970
	Royton U.D.	2,149	14,350
		15,166	134,960
15	Eccles M.B.	3,417	43,600
	Swinton and Pendlebury M.B.	3,364	40,130
	Irlam U.D.	4,717	14,910
	Worsley U.D.	7,241	36,500
		18,739	135,140
16	Stretford M.B.	3,530	61,760
	Urmston U.D.	4,799	40,700
		8,329	102,460
17	Ashton-under-Lyne M.B.	4,135	50,600
	Mossley M.B.	3,661	10,050
	Audenshaw U.D.	1,241	12,450
	Denton U.D.	2,593	27,540
	Droylsden U.D.	1,245	26,290
		12,875	126,930

The system of divisional administration continues to work well and steady progress in the development of the various health and welfare services continued during the year. It is in connection with the latter and the services ancillary to them that the greatest expansion took place. The needs of the aged and infirm, both as regards the provision of suitable accommodation and their general welfare in their own homes, is an ever-pressing problem of some complexity, taxing as it does not only the resources of the welfare arrangements under the National Assistance Act, but also making ever-increasing demands upon the complementary home help, health visiting and home nursing services.

The deployment of all available resources towards the alleviation of this problem is greatly facilitated by the system of divisionalisation and the day-to-day management of all the various services administered through Divisional Health Committees has been well maintained and effectively operated. Such difficulties as have arisen have been mainly the result of the shortage of certain categories of staff, particularly health visitors.

In the following pages the various services largely administered as regards their day-to-day management by divisional health committees are dealt with in some detail but, as a matter of interest, some of the comments of divisional medical officers on various aspects of the divisional services during 1958 are reproduced below :—

Health Division No. 4.—Without doubt the major developments during the year have been in the welfare services. At the end of the year there were 27 Old People's Welfare Committees in the division.

The ambulance service functioned well during the year, but it is felt that serious consideration should be given to the need to co-ordinate adjustment of the service with the development of welfare services, particularly for handicapped persons.

In the mental health field there was a tendency for more domiciliary case work, probably as a result of weekly case conferences with the consultant psychiatrist. The senile dementia problem seemed to be a little less acute but more beds for this type of patient would still be desirable.

Health Division No. 6.—The activities of the division have maintained the steady expansion of 1957. More home helps have been employed and the night help service demands continue to increase.

Health Division No. 10.—The health services in the division may be described as “very satisfactory.” There has been continued expansion in many services, notably in vaccination and immunisation, specifically poliomyelitis vaccination, the home help service and health education. On the welfare side a great deal has been achieved through the efforts of the welfare organiser and there has been some indication of better co-operation by housing authorities.

Health Division No. 11.—Full advantage has been taken of all clinic facilities and, in spite of staffing difficulties in the health visiting service, the work with mothers and young children did not suffer so much as was feared, whilst an increasing amount of work with the aged and chronic sick was accomplished. Additional social centres for the physically handicapped opened in two districts. The welfare services continued to consolidate and gained much from help by Old People’s Voluntary Welfare Committees in all ten districts.

Health Division No. 13.—There have been no major changes during the year. There would be more scope were the number of health visitors necessary for full exploitation available. Steps are being taken which may remedy this.

Health Division No. 14.—There has been little improvement as regards the serious shortage of health visitors/school nurses and this restricts the services in respect of maternal and child welfare and welfare of the aged, etc. Obviously with the national shortage, industrial areas such as ours hold little attraction to recruits.

The increase in establishment in the mental health service in the latter part of the year enabled a comprehensive and positive mental health programme to be inaugurated with emphasis on pre-care and after-care and full co-ordination with the hospital services.

Despite continued efforts effective liaison with voluntary committees in connection with the welfare of the aged is extremely difficult to obtain. Shortage of health visitors and voluntary visitors caused further difficulties and applicants for hostel accommodation continue to mount. Nevertheless, much was achieved during the year through increasing home help assistance, provision of short stay holiday accommodation and, on occasions, night help service. The appointment of a social welfare worker in connection with the welfare of the handicapped has been of great assistance and has also led directly to the opening of one social centre with provisional arrangements for the opening of two similar centres early in the new year.

Health Division No. 15.—Difficulty in recruitment has adversely affected the health visiting service and also relaxation classes for antenatal mothers.

The welfare services have been cramped by the continuing shortage of Part III accommodation, which has prevented the development of any degree of flexibility in administration, *e.g.*, temporary admission designed to rehabilitate an old person and make him or her fit for a further term in the home.

CONTROL, SUPERVISION AND CO-ORDINATION OF SERVICES.—Divisional medical officers, who are also school medical officers, act under the direction of the County Medical Officer of Health and Principal School Medical Officer who is responsible for the control, supervision and co-ordination of the various services provided by the local health authority. The divisional medical officer, as executive officer of the divisional committee, is, within his division, responsible for all staffs on the divisional establishment and for the day-to-day control and supervision of the services provided through his divisional committee. In this he has available to him the advice of midwifery, home nursing and health visiting supervisory officers on the staff of the County Medical Officer of Health at the central office.

One of the duties required of a divisional medical officer is that he shall undertake the duties of medical officer of health for the County districts within the division, where he may be so appointed. This provision, whilst in effect superseding the original arrangements of the County Council under section 111 of the Local Government Act, 1933, for securing that every medical officer of health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner, has the additional advantage, by reason of the divisional medical officer being also divisional school medical officer, of affording complete co-ordination of the medical services of the County Council and the public health work of the district councils. The risk of overlapping and loss of efficiency is thus reduced to a minimum.

Again, as in each division the divisional medical officer has at his disposal the services of a number of assistant medical officers, it follows that in the event of need (*e.g.*, a serious outbreak of infectious disease) in any particular district the divisional medical officer, as local medical officer of health, can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration, many County district councils took advantage of the provision thus made and by the 31st December, 1958, no less than 86 districts had as medical officer of health the divisional medical officer of the health division in which the district is situate. In addition, two districts had as medical officer of health an assistant divisional medical officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who has been allowed to continue to act in that capacity until such time as the district councils concerned themselves desire the appointment of the divisional medical officer.

Three districts had as medical officer of health whole-time officers who, by arrangement with the district councils concerned, undertake duties on behalf of the County Council under the direction of the divisional medical officer. In one district a retired assistant divisional medical officer was employed as local medical officer of health.

In the remaining 17 County districts, the duties of medical officer of health were, at the 31st December, 1958, still being undertaken by medical practitioners engaged in private practice.

CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE.—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. In Lancashire there exists a wide variety of liaison arrangements between the local health authority and the other statutory and voluntary bodies. Many of these arrangements are, of course, the result of the implementation of statutory requirements or approved schemes of administration, but the less formal meetings which take place from time to time as occasion demands between representatives of the several bodies are also useful and the meetings and contacts at officer level are undoubtedly of great value.

The Lancashire system of divisionalisation of the local health authority's services has undoubtedly facilitated liaison at local level by making it possible for officers of the local health authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim of the local health authority is to strengthen this desirable liaison with advantage to all concerned. On the whole, it may be said that the various arrangements existing within the County are working reasonably well, but the degree of liaison and co-operation varies in different parts of the County and with respect to different services.

In most health divisions the divisional medical officer is a member of one or more of the hospital medical advisory committees and, in some instances, of the hospital management committees.

Co-operation between divisional staffs and hospital almoners can, in general, be regarded as good and effective. In most instances liaison is such that divisional medical officers are advised of cases requiring supervision following discharge from hospital or who require home help or nursing equipment, whilst on the other hand divisional medical officers furnish wherever possible such information regarding the home circumstances, etc., of patients as the almoners request.

Liaison with the maternity and paediatric departments of hospitals is generally at a high level and much good has resulted from the arrangements made. On the one hand discharge reports, both as regards premature infants and also mothers discharged before the fourteenth day after confinement, are usually supplied to divisional medical officers, whilst the latter provide on request reports of home and social conditions of patients booking hospital beds. Additionally, in some instances arrangements exist whereby assistant divisional medical officers and health visitors visit out-patient paediatric clinics.

A variety of liaison arrangements exists with the hospital authorities throughout the County area in connection with the admission of the chronic sick and with geriatric departments where such have been established. In the area of one Regional Hospital Board, County Council representatives attend at the appointment of geriatric specialists—an arrangement which, it is felt, does much towards facilitating the welfare of the aged sick coming to the notice of the local health authority. On the whole in most areas a cordial relationship exists at officer level which does much to resolve the difficulties associated with this major problem.

This relationship has been further strengthened in some instances by the attendance of geriatricians at meetings of divisional welfare committees and by an increasing awareness generally that the problem of the aged chronic sick can only be satisfactorily dealt with by the fullest co-operation between the geriatric hospital services and those provided by the local health authority particularly by reason, on the one hand, of the continuing shortage of hospital beds for the aged chronic sick and, on the other, the insufficiency of accommodation in Part III accommodation for such cases as require it on their discharge from hospital. Considerable assistance is afforded to hospitals by divisional medical officers in furnishing reports on the home and social circumstances of cases awaiting admission to hospital and in the assessment of degrees of urgency and priority.

The extent of co-operation in relation to mental health varies considerably from area to area. In some divisions liaison is excellent whilst in others it is limited to the attendance at psychiatric clinics of the duly authorised officers and female mental health workers and to the supply to the consultant psychiatrists of social and family histories of cases. In some areas arrangements exist whereby consultant psychiatrists hold periodic case conferences with the mental health staff.

Every effort is made in all divisions to foster a spirit of goodwill and active co-operation with the general practitioners and it would appear that in most areas the practitioners have to-day a greater awareness of the assistance available to them and their patients through the medium of the local health authority's services. The problems associated with the welfare of the old, infirm and disabled and with mental illness cases appear to have done much to stimulate this. There would still appear, however, to be a reluctance on the part of some general practitioners to attach due importance to the amelioration of the social factors which cause or complicate the more easily recognisable physical ills of their patients and towards which the local health authority services could provide help. Nevertheless, a more cordial relationship between general practitioners and the local health authority medical, nursing and administrative staffs is becoming increasingly evident, and every endeavour is made to keep practitioners informed of the services available and to maintain a spirit of co-operation and mutual understanding.

In the field of welfare—particularly in regard to the care of the aged and infirm—many voluntary bodies, such as Old People's Welfare Committees, Inskip League of Friendship, Tuberculosis Care Committees, Social Service Councils, Personal Services Committees, etc., operate throughout the County area and, in order to co-ordinate their efforts with the facilities and services provided by the County Council, the divisional committees work in close liaison with them. In some instances members of divisional committees and divisional medical officers are members of these bodies and invariably, even where divisional medical officers are not actually members, they are represented at the meetings of such bodies by health visitors, welfare workers, etc.

The implementation of the scheme "Operation Sunshine," which has as its object the domiciliary care of the aged, has given impetus to the necessary liaison amongst the various voluntary bodies providing services for old people and to the co-ordination of all such voluntary services with those statutorily provided by the County Council.

HEALTH CENTRES

In accordance with section 21 of the National Health Service Act, 1946, the County Council, as a local health authority, were required to provide, equip and maintain premises to be known as "health centres" on which not only the authority's health services would be based, but also the State administered services including general, medical, dental, pharmaceutical and ophthalmic services.

It was intended that these centres should be a key feature in the overall reconstruction of the health services organisation. Suitably placed within convenient reach of the community to be served it was intended that they should, when fully developed, provide for most of the public needs of health services even to the extent of relieving the pressure on out-patient and specialist services of the hospitals.

By reason, however, of building stringency, economic considerations and the need for research and expert guidance before such a new development was launched, the Minister of Health deferred the requirements of the section until some later date to be specified by him. In the meantime, however, steps have been taken in conjunction with County District Councils and with the assistance of the Town Planning Authorities to earmark suitable sites for future health centre purposes although such reservations are kept under constant review in the light of current trends so that when it becomes clear that by reason of changed circumstances not requiring the provision of a health centre as such because, for instance, of the provision of general medical services in some other way, the sites can be released.

Many of the considerations precluding the immediate provision of health centres unfortunately continue to apply and for some time to come it would appear that the building of such centres will be likely to be proceeded with only where a largely new population needs to be provided with health services as, for example, in the case of new towns, large housing estates or redevelopment areas.

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother, and for her child until it reaches school age, facilities which include child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive advice and care for herself and her child as well as help in the home during and after her confinement.

Antenatal and Post-natal Care.—As in previous years these services have been maintained and the statements following give particulars of attendances, etc., at the County Council antenatal and post-natal clinics for each of the last five years.

Antenatal Clinics.

Year	No. of clinics at end of year	No. of half-day sessions	Antenatal attendances				No. of post-natal attendances
			No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	
1954... ..	84	4,356	14,521	64,534	14.8	4.4	2,266
1955... ..	83	4,422	14,352	68,185	15.4	4.8	2,107
1956... ..	84	4,471	15,824	74,539	16.7	4.7	2,467
1957... ..	86	4,548	17,629	77,798	17.1	4.4	2,311
1958... ..	88	4,596	17,786	79,516	17.3	4.5	2,365

Of the 17,786 expectant mothers, 17,087 attended sessions conducted by a consultant or County Council medical officer, the remaining 699 attending sessions conducted by County Council midwives. Of the 88 antenatal clinics, 50 had the services of a consultant obstetrician in addition to County Council staff.

Table 7, on page 186, gives details of the number of antenatal clinics in the respective health divisions and the number of attendances, etc., during 1958.

Post-natal Clinics.

Year	No. of clinics at end of year	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
1954... ..	6	87	621	741	8.5
1955... ..	6	81	567	650	8.0
1956... ..	6	55	405	451	8.2
1957... ..	5	46	368	408	8.9
1958... ..	5	48	317	451	9.4

It will be seen that the great majority of post-natal examinations are carried out during the course of the antenatal clinics, and separate post-natal sessions are not generally required.

County patients in health divisions Nos. 9 and 13 attend at antenatal and post-natal clinics of St. Helens C.B. and Rochdale C.B. respectively, payment being made according to the number of cases and attendances. At St. Helens 47 expectant mothers made 171 attendances and in addition 22 post-natal attendances were recorded; at Rochdale the respective attendance figures of County residents were 254, 1,332 and 132.

An investigation carried out into the proportion of women confined during the year who had a post-natal examination produced results as follows:—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
(a) Number of mothers investigated who were normally resident in the Administrative County and were confined during the year	22,065	960	9,179	1,759
(b) Number of those in (a) above known to have had a post-natal pelvic examination by a doctor between the fifth and twelfth weeks after confinement	18,914	842	7,386	1,022
Proportion (per cent.) of (b) to (a)	85.7	87.7	80.5	58.1

Continual efforts are required to encourage mothers to seek post-natal examination and advice and there is still room for improvement in this direction.

Relaxation, Exercise and Mothercraft Classes.—Classes have been organised at certain County Council clinics since 1951. In the main the classes are conducted by qualified physiotherapists but there are two exceptions where County Council nurses carry out this work.

The classes are divided into three periods, *viz.*, (1) exercises, (2) relaxation and (3) demonstrations and discussions. Each period occupies about 15 minutes so that, taking into account the time necessary for preparation, an expectant mother spends approximately one hour of her time at each session she attends. The demonstrations and discussions include—

- (a) instruction in use of analgesic apparatus ;
- (b) flannelgraphs to illustrate talks on labour and pelvic anatomy ;
- (c) talks on bathing and feeding of baby ;
- (d) display of baby clothes and patterns ;
- (e) talks on hygiene of pregnancy, etc.

The teaching is carried out by health visitors and midwives.

Details of attendances, etc., are given on a divisional basis for 1958 in table 7 on page 186, and set forth below are the totals for the County area for each year 1954 to 1958 :—

	No. of classes at end of year	No. of sessions	No. of individuals attending	No. of attendances
1954... ..	23	731	1,235	6,697
1955... ..	33	1,052	1,868	10,152
1956... ..	33	1,300	2,471	14,378
1957... ..	35	1,392	2,827	16,635
1958	35	1,521	3,085	17,956

The attendances at these classes continue to increase and the educational work which is incorporated in the sessions is becoming more widely recognised. The value of such classes was emphasised in the memorandum on antenatal care related to toxæmia which was issued by the Ministry of Health in May, 1956, and it is generally agreed that the local health authority antenatal clinics are more suitable for this type of work than the busy hospital out-patient clinic. Patients who attend hospital out-patient departments or general practitioners' surgeries for their antenatal care are, therefore, welcome at the classes.

Child Welfare Centres.—The number of child welfare centres to which mothers may bring their babies and toddlers regularly for supervision continues to increase, particularly where there are new housing estates. The administration of existing centres has continued on the same lines as in previous years and at the end of 1958 there were 236 centres in operation. Of these the following were opened during the year on the dates shown :—

Health Division No.	Centre	Date opened
1 ...	Church Hall, Duke Street, Askam-in-Furness ...	... 15th October.
2 ...	11, Patterdale Road, Lancaster ... ..	... 13th January.
2 ...	Congregational Church Hall, High Road, Halton ...	... 15th October.
5 ...	Congregational Church Hall, Tockholes ... ..	... 23rd September.
8 ...	Municipal Buildings, Hall Green, Up Holland ...	... 8th September.
9 ...	Richard Hesketh Drive, Westvale, Kirkby ... ..	... 29th September.

Of the centres available at the end of the previous year five were transferred during 1958 to alternative premises, as follows :—

Health Division No.	Premises
2 ...	Thurnham House, Lancaster (closed 9th January)—Ashton Road, Lancaster (opened 22nd January).
4 ...	Congregational Church, Eaves Lane, Chorley (closed 26th February)—St. Peter's Men's Institute, Eaves Lane, Chorley (opened 5th March).
6 ...	St. Mary's Church Hall, Church Road, Trawden (closed 27th May)—The Guild Room, Co-operative Rooms, Lane Ends, Trawden (opened 10th June).
8 ...	Rear Council Offices, Abram (closed 30th December)—263, Warrington Road, Abram (opened 31st December).
17 ...	Granada Road, Denton (closed 28th October)—St. Agnes Sunday School, Beresford Crescent, North Reddish (opened 4th November).

The following statement gives details of attendances of children at child welfare centres during each year from 1954 to 1958 and Table 8 on page 187 gives similar information on a divisional basis for 1958 :—

	1954	1955	1956	1957	1958
No. of centres at end of year	213	219	224	230	236
No. of half-day sessions	11,525	11,904	12,307	12,613	12,986
* No. of individual children attending at ages (in years)—					
0—	20,896	20,494	22,182	24,360	24,939
1—	16,411	17,202	17,195	19,094	21,029
2—4 (inclusive)	18,502	19,185	19,642	19,989	19,743
Total	55,809	56,881	59,019	63,443	65,711
No. of attendances at ages (in years)—					
0—	333,642	339,095	364,547	398,363	420,395
1—	71,927	72,534	72,231	78,051	79,607
2—4 (inclusive)	59,620	64,131	66,497	67,247	66,547
Total	465,189	475,760	503,275	543,661	566,549
Average attendances per session	40	40	41	43	44

* Age as at end of year.

The percentage of children, in age groups, who took advantage of the facilities at child welfare centres is shown in the following statement :—

	Under 1 year	1—4 years inclusive
1954	72·3	29·3
1955	70·9	31·0
1956	72·5	31·6
1957	76·4	33·0
1958	74·7	33·6

The proportion of children over one year of age who attend the centres has shown an increase over the last few years but there is still considerable room for improvement in this age group.

Special toddlers' sessions are held in some areas, the children being seen by appointment and this has been found very helpful in securing the better attendance of older children. It is important that efforts to encourage the attendance of more pre-school children should continue, in order that defects arising during the later pre-school years may be detected and dealt with before the child enters school.

Increasing importance is attached to the educational work of the centres and group discussions, films, film strips, posters, etc., are used more and more in this work.

In addition to the facilities provided by the County Council, arrangements have existed since 1949 whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough Council, a payment per attendance being made by the County Council to the Corporation. The following table gives details of the attendances of County children at the St. Helens centres used during the period 1954 to 1958 :—

Year	* No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)		
	0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)
1954	13	15	5	123	19	2
1955	15	13	6	136	9	4
1956	23	21	6	191	1	9
1957	27	16	9	197	28	3
1958	22	22	8	287	23	5

* Ages as at end of year.

Generally speaking, the facilities provided for child welfare in the Administrative County in so far as centres are concerned are fairly adequate, but alternative accommodation is required in some districts and arrangements are in hand for the opening of additional centres, particularly in districts which are becoming more populous.

Ascertainment of Deafness in Young Children.—Developments which have taken place in recent years have emphasised the importance of diagnosing deafness at a very early age, for it is now recognised that most deaf children possess some residual hearing and the modern aim is to fit such children with hearing aids and to give them training as soon as possible so that they may learn to speak in a manner similar to a normal child.

The County Council therefore agreed in 1955 to the establishment of a special clinic at Fulwood for the diagnosis of deafness in young children, and also to the training of health visitors to carry out screening tests to confirm that young children have normal hearing.

SPECIAL CLINIC FOR DIAGNOSIS AND GUIDANCE.—The clinic was opened in January, 1956, to serve mainly the children in the northern part of the County, those in the south of the County being already catered for at Professor Ewing's clinic at Manchester University.

The medical officer in charge (Dr. Jean Robson) and health visitors (Miss K. M. Johnstone, Miss G. K. Lamb and Mrs. K. Williams) received special training under Professor Ewing in the Department of Education of the Deaf at Manchester University and Dr. I. G. Taylor of that department has attended the clinic on a few occasions during the year.

The diagnostic clinic is staffed by the medical officer and health visitors, and the guidance clinic by the health visitors.

It was again found necessary to increase the number of sessions during 1958, especially the diagnostic sessions, and the table below shows the number of attendances at these sessions in 1958 compared with the two previous years.

It appears from the latest figures that more younger children are being referred to the clinic. Thus in 1957, 27.6 per cent. of the cases referred were under three years of age, while in 1958 the percentage was 43.7, and of the children found to be deaf in 1957, 39.3 per cent. were under three years of age, while in 1958 51.7 per cent. were under three.

The largest numbers in one age group both for referrals and for children found to be deaf are in the age group 2—3 years and it is hoped that eventually more children will be found at an earlier age than this.

Reference has been made in previous reports to the great value of good parental co-operation, and experience again confirms how very important is this factor.

The health visitor who undertakes home visiting in order to give further help to some of the younger children has again proved the value of this work, particularly in the insight which she gains in advising the most suitable approach with each individual child.

The work of the clinic during 1958 is summarised below :—

Sessions and Attendances.

Year	Diagnostic			Guidance		
	No. of sessions	No. of attendances		No. of sessions	No. of attendances	
		Total	Average		Total	Average
1956	21	70	3.3	21	34	1.6
1957	41	145	3.5	23	57	2.5
1958	56	180	3.2	25	51	2.0

Note—The maximum number of children who can be dealt with at one session is four.

(a) No. of individual children attending :—

(i.) Old cases	44
----------------	-----	-----	-----	-----	-----	-----	-----	----

(ii.) New cases 71

(b) New cases :—

(i.) Deafness confirmed	29
-------------------------	-----	-----	-----	-----	-----	----

(ii.) Under investigation at end of year	7
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(iii.) Found to have normal hearing after adequate investigation... 35

Total	71
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(c) No. in (a) (ii.) who were mentally retarded 18

(d) No. in (b) (i.) who were mentally retarded	3
--	-----	-----	-----	-----	---

(e) No. in (b) (iii.) who were mentally retarded 15

Individual Children Attending.—New Cases.

	Age (in years) at date of first attendance																			
	0—		1—		2—		3—		4—		5—		6—		7—		8—		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total attending	3	1	3	4	11	9	4	2	8	5	5	5	1	5	2	2	—	1	37	34
Deafness confirmed	2	1	1	3	1	7	1	2	1	2	1	2	—	2	—	2	—	1	7	22

Results of Tests on the 29 Deaf Children.

(a) No. who had some hearing over the whole range of speech frequencies	21
(b) No. who possessed merely an island of hearing	6
(c) No. who did not respond to any sound stimuli	2
	—
	29
	==

Of those in group (a) above :—

No. whose hearing loss was more marked in the higher frequencies	9
No. whose hearing loss was more marked in the lower frequencies	2

Source of Reference.

Year	E.N.T. specialists		Paediatricians		Local authority medical staff		From screening tests		Others (family doctors, Prof. Ewing)		Total	
	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf	No. of cases	No. diagnosed as deaf
1956... ..	15	11	6	2	19	15	7	3	2	2	49	33
1957... ..	12	7	34	10	22	8	6	2	2	1	76	28
1958... ..	22	12	20	2	13	7	9	8	—	—	64	29

Note.—The figures for 1958 do not include seven children still under investigation at end of year.

Vulnerable Groups.—Dr. Jean Robson reports that of the 29 children diagnosed as deaf during the year, 25 fell into vulnerable groups. Some fell into more than one group but each child has been assigned to one group only according to the aetiological factor which is considered to be the most important. The distribution in the various groups is as follows :—

Group										
1	...	Children with cerebral palsy	...	...	...	...	...	...	...	2
2	...	Children with family history of deafness	...	...	...	...	...	...	...	4
3	...	Children who were premature	...	...	...	...	...	...	...	1
4	...	Children with a history of abnormality in the antenatal period	...	...	...	...	...	...	...	5
5	...	Children with a history of perinatal abnormality	...	...	...	...	...	...	...	2
6	...	Children who have had a severe illness or have been treated with streptomycin	...	...	...	...	...	...	...	2
7	...	Children who are not speaking well by the age of two years and children aged 2—5 with speech defects	...	...	...	...	...	...	...	2
8	...	Children with a history of otitis media or chronic upper respiratory tract infection	...	...	...	...	...	...	...	4
9	...	Children with congenital abnormalities other than any mentioned above	...	...	...	...	...	...	...	3
										—
										25
										==

It is interesting to note that of the three children in group 9, two had abnormalities of the zygomatic process and one had a cleft palate.

SCREENING TESTS OF HEARING.—Since 1955, 131 health visitors have been trained to carry out screening tests and 112 are still working in the County, some being available in each of the 17 health divisions.

Reference was made last year to the fact that from 1st April, 1957, the health visitors had been asked to give priority to screening children from the vulnerable groups.

Concentration on testing the vulnerable groups was continued in 1958 and the latest figures appear to confirm that such testing will pick out the majority of young deaf children and so save needless testing of thousands of children and much time of the health visitors.

During 1958, 968 children in the vulnerable groups were tested and 19 failed the tests, giving a failure rate of 19·6 per 1,000 children tested. Of 371 children not in the vulnerable groups who were tested in 1958, only one child failed the tests giving a failure rate of 2·7 per 1,000. This child, who was only 11 months old, was thought by his mother to be deaf and she drew the health visitor's attention to him.

The consolidated figures for the years 1955–58 inclusive are shown in the following table :—

	No. of children tested (1)	No. failing screening tests (2)	Failure rate per 1,000 children tested (3)	No. of children in col. (2) diagnosed as deaf (4)	Rate of deafness per 1,000 children tested (5)	No. of children still under consideration (6)
General population tested, 1955, 1956 and 1st January–31st March, 1957 ...	5,531	31	5·6	15	2·71	2
Vulnerable groups tested, 1st April, 1957–31st December, 1958 ...	1,630	29	17·8	14	8·59	5
Others tested, 1st April, 1957–31st December, 1958	3,436	4	1·2	*3	0·87	—

*All these children were suspected to be deaf by their parents.

The difficulties in diagnosing deafness in young children are well known and are exemplified in the case of two children (twins) who have this year been included in the column headed “still under consideration.” These children failed three screening tests in 1955 at the age of 2½ years. They were seen on numerous occasions by the staff of the Department of Education of the Deaf at Manchester University by a consultant E.N.T. surgeon and by an educational psychologist and it was considered that any hearing loss there might be was not a significant one. They have been kept under observation at the Manchester clinic and have recently been tested by pure tone audiometry. Although the findings of these tests are not considered final, it does now appear that they may have a hearing loss although it is thought that emotional factors are also concerned. They have now been recommended for a trial in a class for partially deaf children.

Vulnerable Groups.—The 15 children diagnosed as deaf from screening tests of the general population from 1st January, 1955, to 31st March, 1957, all fell into vulnerable groups as follows :—

Group	
1 ... Cerebral palsy (? following Rh. incompatibility) ...	1
2 ... Family history of deafness ...	1
3 ... Prematurity ...	4
4 ... Abnormality in antenatal period (rubella) ...	1
5 ... Rh. incompatibility ...	1
6 ... Not speaking well by age of two years or speech defects at age 2–5	4
7 ... Children with history of otitis media or chronic upper respiratory tract infection ...	2
8 ... Congenital abnormalities other than any mentioned above ...	1
	15

The 14 deaf children picked out from the vulnerable groups between 1st April, 1957, and 31st December, 1958, fell into the groups as follows :—

Group							
2	...	Family history of deafness	...	...	...	...	1
3	...	Prematurity	...	...	...	...	5
4	...	Abnormality in antenatal period (rubella in three cases)	...	...	...	...	4
7	...	Speech defect	...	...	...	...	2
8	...	History of otitis media or upper respiratory tract infection	...	...	...	...	2
							<hr/>
							14
							<hr/>

Dental Care of Mothers and Young Children.—During 1958 comprehensive dental treatment continued to be offered at clinics throughout the County for expectant and nursing mothers and young children, though once again in the course of the year increasing difficulties were experienced in maintaining the staffing position in many clinics and in some cases curtailment of services became necessary due to failure to recruit dental officers. Five full-time officers resigned during the year and only two replacements were found by the 31st December, 1958. In the same period, however, it was possible to increase the effective strength of the part-time staff by the equivalent of just over two officers, but the general effects of these constant staff changes are inevitably reflected in the returns particularly when clinics have had to be closed temporarily.

Evening sessions continued to prove a successful additional means of offering dental treatment for expectant and nursing mothers, some 2,240 attendances being made by mothers during the year. Evening sessions cannot always be filled by attendances of expectant and nursing mothers and arrangements are made for older school children to attend during the earlier part of the session. This arrangement is of considerable help in operating the evening sessions and, in addition, permits of older children attending the clinic without disturbance of the school curriculum. The total attendances at evening treatment sessions amounted to 3,899 in 1958.

Particulars of the treatments carried out in the years 1954–58 by the dental officers are given in the following tables :—

Dental Treatment of Expectant and Nursing Mothers.

	1954	1955	1956	1957	1958
No. examined	2,677	3,038	3,449	3,623	3,616
No. needing treatment	2,071	2,402	2,805	3,117	2,972
No. treated	1,789	2,100	2,385	2,659	2,544
No. made dentally fit	962	1,081	1,279	1,294	1,437
No. of attendances	5,058	5,712	7,787	8,996	8,811
No. of extractions	4,753	5,411	7,849	9,404	9,260
No. of local anaesthetics	371	564	870	1,038	1,102
No. of general anaesthetics	866	896	1,194	1,196	1,295
No. of scalings	513	456	595	859	947
No. of fillings	895	1,141	1,594	1,847	1,950
No. of silver nitrate treatments	78	565	259	371	223
*No. of dressings	1,157	1,501	2,858	2,750	4,013
No. of complete dentures supplied	336	472	691	865	948
No. of partial dentures supplied	216	273	361	379	404
No. of dentures repaired	20	23	33	47	47
No. of radiographs	7	11	3	36	105

*Includes operations in connection with dentures.

Dental Treatment of Pre-school Children.

	1954	1955	1956	1957	1958
No. examined...	4,175	3,951	3,471	3,705	3,144
No. needing treatment	3,302	3,167	2,991	3,127	2,659
No. treated	3,032	2,779	2,994	2,960	2,459
No. made dentally fit	1,635	1,396	1,448	1,238	1,151
No. of attendances	5,791	5,546	5,593	5,902	5,222
No. of extractions	4,258	3,750	3,777	4,196	3,685
No. of local anaesthetics	338	304	324	321	262
No. of general anaesthetics	1,819	1,680	1,679	1,850	1,782
No. of scalings	113	117	299	205	99
No. of fillings	1,881	1,836	1,778	1,595	1,486
No. of silver nitrate treatments	1,009	913	992	1,084	1,005
No. of dressings	565	701	923	1,251	1,277
No. of radiographs	3	1	1	6	7

In the year under review 6,760 individual maternity and child welfare cases received advice and examination and those referred for treatment made 14,033 attendances at clinics. It may be noted here that the number of dentures supplied, both full and partial, amounted to 1,352 as against 1,244 in 1957 and 552 in 1954. The number of fillings in teeth amounted to approximately the same as in the previous year, but there was an increase in the number of X-rays taken for expectant and nursing mothers. Whilst attendances of expectant and nursing mothers were almost maintained during 1958 as compared with the previous year and certain figures relating to the treatment given showed an actual improvement, there was an appreciable fall in the attendances of pre-school children, despite an intensification of educative and propaganda measures directed to the need for improvement. There seems no doubt that there is now a greater number of cases being dealt with by family dentists but there is still a massive problem of untreated cases which can only be met by an improvement in the staffing position in the local authority services. The treatment of young children is time consuming and adequate staffing is a pre-requisite of a successful service for the pre-school child.

Special Clinics, etc.—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past five years and the number of attendances made for the purpose :—

Type of session				No. of attendances									
				1954		1955		1956		1957		1958	
Minor ailment	...	...	...	4,716	...	4,553	...	3,422	...	5,566	...	...	3,070
Ophthalmic	...	...	...	3,146	...	3,042	...	2,690	...	2,893	...	...	2,853
Ear, nose and throat	...	...	...	326	...	215	...	218	...	120	...	...	189
Orthopaedic	...	...	...	6,941	...	6,241	...	5,331	...	5,217	...	...	4,846
Ultra-violet light	...	...	...	8,247	...	7,099	...	5,807	...	4,174	...	...	4,051
Speech therapy	...	...	...	563	...	386	...	691	...	707	...	...	798
Orthoptic	...	...	...	931	...	971	...	948	...	864	...	...	937
Asthma	...	...	...	15	...	5	...	3	...	—	...	...	—
Chiropody	...	...	...	73	...	104	...	95	...	150	...	...	198
TOTAL				...	24,958	...	22,616	...	19,205	...	19,691	...	16,942

Arrangements also exist for the provision of convalescent care for pre-school children, where considered necessary. Details of admissions of such children to convalescent homes will be found on page 101.

Family Planning Clinics.—The County Council do not provide their own family planning clinics, but have arrangements with another local health authority and several local family planning associations. The arrangements provide for case payments in respect of women referred to the clinics by medical officers in the service of the County Council. The only cases which can be authorised are those who, strictly for medical reasons and in the interests of their health, require advice on birth control. The family planning associations make their own arrangements for the renting of premises and in some instances the Lancashire Education Committee have agreed to let accommodation at school clinics.

The number of cases referred to family planning clinics during each of the last five years is given in the following analysis by health divisions :—

Health Division No.					No. of cases referred during—				
					1954	1955	1956	1957	1958
1	...	...	...	...	—	—	—	—	—
2	...	...	...	...	—	25	31	15	22
3	...	...	...	...	11	8	5	6	1
4	...	...	...	...	6	12	12	4	2
5	...	...	...	...	—	—	—	—	—
6	...	...	...	...	—	—	—	—	—
7	...	...	...	...	—	—	—	—	—
8	...	...	...	...	5	10	2	1	—
9	...	...	...	...	—	—	—	—	—
10	...	...	...	...	—	—	—	—	—
11	...	...	...	...	—	—	2	4	4
12	...	...	...	...	—	—	—	—	2
13	...	...	...	...	21	13	43	24	28
14	...	...	...	...	21	10	7	4	2
15	...	...	...	...	3	3	9	3	26
16	...	...	...	...	3	6	5	3	3
17	...	...	...	...	—	—	—	—	—
TOTAL					70	87	116	64	90

Care of Premature Infants.—The importance of the care of premature infants becomes greater relatively as the infantile mortality declines. Of the total of 875 deaths of infants under one year occurring in 1958 and assigned to the Administrative County, 156 were certified as due to prematurity unqualified by any other cause. The neo-natal mortality rate of premature babies was 156 per 1,000 live premature births in 1958, compared with a total neo-natal rate of 18 per 1,000 live births.

Experience shows that in general babies who weigh under 3½ lb. at birth have a better chance of survival if they are born in hospital or transferred there after birth, particularly if they can be nursed in a special premature baby unit. Babies over 3½ lb. at birth normally do well when they are nursed at home and County Council midwives are encouraged to keep up-to-date in their knowledge of the management of premature babies by means of refresher courses and visits to premature baby units. Special cots, feeders, hot water bottles, etc., are held in each division for loan whenever the need arises.

Arrangements are made for the special attention of health visitors to be drawn to all premature births notified and such infants are visited as early as possible. This is particularly important in the case of infants born in hospital, while for babies born at home close liaison between the midwife and health visitor is imperative.

The relationship in the Administrative County during the past five years of total notified live births, premature live births and survival of the latter beyond 24 hours and 28 days is summarised in the following table :—

Year	Total notified live births	Premature live births					
		Total		Survived 24 hours		Survived 28 days	
		No.	Per cent. of col. (2)	No.	Per cent. of col. (3)	No.	Per cent. of col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1954	29,235	2,208	7.6	2,011	91.1	1,822	82.5
1955	29,846	2,263	7.6	2,054	90.8	1,903	84.1
1956	31,833	2,391	7.5	2,179	91.1	2,019	84.4
1957	33,686	2,457	7.3	2,232	90.8	2,095	85.3
1958	34,319	2,493	7.3	2,251	90.3	2,104	84.4

There were also 440 premature stillbirths, representing 54.2 per cent. of the 813 stillbirths notified during 1958 and assignable to the Administrative County. The incidence of prematurity (live and still) per 100 total births notified was 8.3, slightly less than in the previous year.

The following table analyses by weight group and by place of occurrence all notified premature births assigned to the Administrative County in 1958. The totals by weight for the four previous years are also shown.

	Weight at birth									
	3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		Total—5 lb. 8 oz. or less	
	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births	Live births	Still-births
Number born—										
(i) at home	34	25	74	13	75	6	343	15	526	59
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby Homes	2	2	7	1	12	1	27	—	48	4
(iii) in hospitals, including maternity homes in the National Health Service	251	171	349	100	402	45	917	61	1,919	377
TOTAL—1958	287	198	430	114	489	52	1,287	76	2,493	440
1957	286	217	454	103	442	49	1,275	84	2,457	453
1956	274	224	437	111	487	42	1,193	70	2,391	447
1955	254	190	415	109	452	56	1,142	65	2,263	420
1954	264	172	416	137	416	55	1,112	65	2,208	429

Of the 526 premature infants born alive at home 95 were transferred to hospital, 48 of these being 4 lb. 6 oz. or less in weight. Of those born in private nursing homes one was transferred to hospital.

A summary of the survival for the first 24 hours and the first 28 days of life of the premature infants notified in 1958 whose mothers were normally resident in the Administrative County area is given by birth weight below. The corresponding totals for 1954-57 are also shown.

	Proportion (per cent.) of infants surviving															
	24 hours								28 days							
	3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.		3 lb. 4 oz. or less		Over 3 lb. 4 oz. to 4 lb. 6 oz.		Over 4 lb. 6 oz. to 4 lb. 15 oz.		Over 4 lb. 15 oz. to 5 lb. 8 oz.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Of those born—																
* (i) at home ...	15	44.1	69	93.2	74	98.7	339	98.8	6	17.6	62	83.8	72	96	326	95.0
(ii) at home and transferred to hospital ...	13	59.1	25	96.2	18	100	27	93.1	5	22.7	21	80.8	18	100	20	69.0
* (iii) in private nursing homes including maternity homes not in the National Health Service and Mother and Baby Homes ...	2	100	6	85.7	12	100	27	100	2	100	3	42.9	12	100	25	92.6
(iv) in hospitals including maternity homes in the National Health Service ...	120	47.8	309	88.5	384	95.5	894	97.5	73	29.1	281	80.5	365	90.8	877	95.6
All births—1958...	137	47.7	384	89.3	470	96.1	1,260	97.9	81	28.2	346	80.5	449	91.8	1,228	95.4
1957...	141	49.3	404	89.0	428	96.8	1,259	98.7	96	33.6	368	81.1	404	91.4	1,227	96.2
1956...	127	46.4	403	92.2	475	97.5	1,174	98.4	72	26.3	354	81.0	443	91.0	1,150	96.4
1955...	136	53.5	368	88.7	431	95.4	1,119	98.0	74	29.1	336	81.0	401	88.7	1,092	95.6
1954...	150	56.8	371	89.2	399	95.9	1,091	98.1	87	33.0	310	74.5	376	90.4	1,049	94.3

* These include any born at home or in a private nursing home who were transferred to hospital.

Further information with regard to the premature infants referred to above is given by health divisions in Table 9, page 188.

Care of Unmarried Mothers and their Children.—The care of the illegitimate child is undertaken by the Health Committee whilst it remains with the mother but in other cases, *i.e.*, where the child is deprived of a normal home life, the Children's Committee undertake the work. A careful watch is maintained on illegitimate children by the County health visitors who work in co-operation with the Children's Department officers and moral welfare workers. Wherever possible entry into a day nursery is arranged for the child if it is necessary for the mother to go out to work.

The County Council do not administer any mother and baby homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various moral welfare societies and in all but one instance payment is made entirely on a case basis. As from the 1st October, 1958, payment has been increased from 90 per cent. to 100 per cent. of the cost of maintenance, less any contributions received from the mothers or on their behalf. The exception is the St. Monica Maternity Home, Kendal, to which an annual grant is made under the terms of an agreement between the managers of the home and five local health authorities.

Particulars of the County cases for which accommodation has been provided during the last five years are given in the following statement :—

Year	Expectant mothers	Post-natal cases	Total cases No.	*Per cent.
1954 ...	140	18	158	15
1955 ...	158	24	182	17
1956 ...	171	18	189	16
1957 ...	158	17	175	14
1958 ...	180	23	203	17

*Ratio of total cases to total registered illegitimate births assigned to Administrative County area.

The numbers of unmarried expectant mothers and post-natal cases admitted to the various mother and baby homes from each health division during 1958 are shown in Table 10, on page 189.

Ophthalmia Neonatorum.—Twelve cases of ophthalmia neonatorum were notified during 1958 in infants born to women resident in the Administrative County area, four occurring in hospitals and eight amongst domiciliary births. In 11 cases vision was subsequently ascertained to have been unimpaired and the remaining case was still receiving treatment at the end of the year.

Welfare Foods.—Particulars of centres issuing welfare foods at the end of the year are given below, together with comparative figures for the previous year :—

	1957	1958
Child welfare centres and school clinics	206	214
Premises tenanted by the County Council for the sole purpose of distributing welfare foods	15	13
Others : <i>e.g.</i> , shops, private houses and W.V.S. centres	74	70
TOTAL	295	297

It is necessary to employ some part-time personnel and, in addition, valuable assistance is received from many sources, *viz.*, shopkeepers, private householders, and in several instances members of the W.V.S.—a notable contribution which is greatly appreciated.

Details of quantities issued during the year, with comparative totals for the previous year, are given in the following table :—

Issued to	National dried milk (20 oz. tins)	Cod liver oil (6 oz. bottles)	Vitamin tablets (packets of 45)	Orange juice (6 oz. bottles)
Individuals	429,387	101,999	82,328	772,252
N.H.S. hospitals	6,888	72	—	7,175
Day nurseries (including factory nurseries)	105	4,458	—	7,135
TOTAL—1958	436,380	106,529	82,328	786,562
1957	543,323	165,701	86,327	1,246,831

In considering the figures shown in this table it should be borne in mind that only those hospitals requiring small quantities of welfare foods obtain supplies from County Council centres, the majority ordering direct from Ministry of Food depots. Local Education Authorities also obtain supplies of cod liver oil for children under five years of age and orange juice for children under two years of age in daily attendance at maintained schools and nursery schools direct from Ministry of Food depots and not from local health authority distribution centres. The large reduction in the amount of orange juice issued is due to the fact that orange juice is now available only for children up to the age of two years. Prior to the 1st November, 1957, it was available up to the age of five years.

In general one 20 oz. tin of National dried milk is issued to individual beneficiaries each week (principally expectant mothers and children under two years of age). This is the equivalent of seven pints of liquid milk per week which may be obtained in lieu of National dried milk. The charge made for National dried milk (2s. 4d.) is the same as for the equivalent quantity of subsidised liquid milk mentioned above (4d. per pint). A charge of 5d. per bottle is made for orange juice, but cod liver oil and vitamin tablets are supplied free.

The amount collected from individual beneficiaries during the year 1958 was £64,316 7s. 1d., compared with £74,387 7s. 8½d. in 1957. Payment is made in the form of postage stamps which are cancelled and the money, of course, goes to the credit of the Crown and not to the local health authority.

It is considered that the service provided is adequate to meet demands and only isolated complaints have been received. It will be seen from the figures shown above that two additional distribution centres were opened during the year.

Day Nurseries.—The total day nursery accommodation provided by the County Council at the end of 1958 is compared below with that for each of the previous four years :—

Year						Day nurseries			Child places	
1954	56	...	...	2,649
1955	56	...	...	2,671
1956	56	...	...	2,642
1957	56	...	...	2,642
1958	56	...	...	2,618

Details of attendances, etc., at County Council day nurseries during 1958 are given in the following statement together with the corresponding figures for each of the previous four years. Particulars for 1958 in respect of each health division are shown in Table 11 on page 190.

	1954	1955	1956	1957	1958
No. of children on registers at end of year	2,724	2,736	2,608	2,689	2,610
No. of children on waiting lists at end of year	1,198	1,169	871	939	1,155
Total No. of attendances (Monday to Friday)	515,150	494,305	503,272	481,222	500,440
No. of persons released for employment ...	2,509	2,524	2,392	2,448	2,406
No. of above who were " social cases " ...	438	453	470	526	599
† Full-time equivalent of staff employed at end of year	684	684	677	665	674

† Includes domestics ; two students in training counted as one unit of staff.

TRAINING.—Of the 56 nurseries administered by the County Council at the end of 1958, 32 were approved for the training of nursery students. There are three nursery training schools in the Administrative County area at Newton-le-Willows, Lytham St. Annes and Lancaster. In addition there are arrangements with the Burnley and Rochdale Education Authorities.

Some interchange of students takes place between nurseries and nursery schools as facilities are not available at the latter for training in the care of children under two years of age. Student health visitors during their training spend some three to five days in a nursery gaining practical experience in dealing with healthy children and learning about the administration of day nurseries.

For the third consecutive year refresher courses for matrons and deputy matrons of some of the County Council's day nurseries were organised in conjunction with the Education Department. Nursery staff from the Children's Department and from other local authorities accepted invitations to attend. Play material made by staff in the day nurseries which was provided for display reached a high standard and aroused much interest.

ADMISSION TO NURSERIES.—PRIORITIES.—Priority categories were first drawn up by the County Council in 1949 when preference was given to women employed in cotton, engineering and other industries, social cases being second choice and children of women wishing to work for financial reasons third. These were revised in 1952 when social cases became first choice, women employed in cotton, engineering, etc., becoming second choice and no change being made in the third category.

Towards the end of 1957, the parents were divided into two groups only, *viz* : (i) Social cases, (ii) Others. Thus the original primary purpose of the day nurseries in assisting women to work in industry has now been changed to meet the needs of social cases.

" Social cases " are persons solely responsible for the care of young children, who must of necessity go out to work to earn a living and includes unmarried mothers, widows, widowers, mothers or fathers separated, divorced or deserted. It also includes families where the mothers are unable to look after their children owing to illness or confinement, or where ill-health of the father necessitates the mother going out to work. An addition to this was made at the last review which provided for the inclusion of children of problem families and others in need of special day-time care in the category of social cases.

ACCIDENTS IN DAY NURSERIES.—The following table gives information about accidents to children when attending County Council day nurseries during the five years 1954–1958, inclusive.

Year	No. of accidents reported	Accident rate per 10,000 attendances by age group (in years)		
		0–2	2–4 inclusive	Total under 5 years
1954	55	0·5	1·3	1·1
1955	70	0·7	1·7	1·4
1956	55	0·9	1·2	1·1
1957	41	0·6	0·9	0·9
1958	54	0·8	1·2	1·1
TOTAL	275	0·7	1·3	1·1

Accidents due to falls of one sort or another accounted for 54 per cent. of the total compared with 71 per cent. for the previous year. As usual most of the injuries were either cuts or bruises and none was of a really serious nature. Of the 54 cases reported 22 were sent to hospital and 12 to the family doctor for treatment or advice.

Nurseries and Child Minders Regulation Act, 1948.—All premises used as day nurseries and all child minders, as defined in this Act, must be registered and comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed.

Particulars of the registrations at the end of 1958 are given for each health division in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

Health Division No.	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
3	2	26	3	19
4	1	20	1	8
11	2	70	—	—
12	1	43	1	5
13	6	206	1	5
14	30	1,363	—	—
15	—	—	2	9
16	—	—	2	11
17	2	90	1	6
TOTAL—1958... ..	44	1,818	11	63
1957... ..	45	1,961	12	78
1956... ..	45	1,930	12	80
1955... ..	47	2,050	10	59
1954... ..	48	2,078	8	44

Notified Births.—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the medical officer of health of the welfare authority for the area in which the birth takes place. The County Council is the welfare authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the divisional medical officer of the health division in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors in the division is greatly facilitated.

The numbers of notified births occurring in each health division during the year 1958 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Division No.	In hospitals, maternity homes, etc.								In the home								Total							
	Live births							Still-births	Live births							Still-births	Live births							Still-births
	Preme-ture		Mature		Total				Preme-ture		Mature		Total				Preme-ture		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1	3	3	118	112	121	115	1	3	1	1	54	51	55	52	—	—	4	4	172	163	176	167	1	3
2	45	53	667	624	712	677	14	16	4	10	158	175	162	185	1	2	49	63	825	799	874	802	15	18
3	27	21	502	467	529	488	8	8	7	8	197	159	204	167	2	3	34	29	699	626	733	655	10	11
4	84	92	878	859	962	951	20	21	10	9	335	316	345	325	—	2	94	101	1,213	1,175	1,307	1,276	20	23
5	28	32	661	598	689	630	7	1	10	10	218	194	228	204	6	4	38	42	879	792	917	834	13	5
6	12	16	299	258	311	274	6	4	10	12	161	172	171	184	4	3	22	28	460	430	482	458	10	7
7	26	60	703	613	729	673	11	17	20	24	366	350	386	374	4	4	46	84	1,069	963	1,115	1,047	15	21
8	82	91	729	601	811	692	42	39	16	18	409	317	425	335	5	1	98	109	1,138	918	1,236	1,027	47	40
9	92	98	888	827	980	925	27	38	51	63	937	921	988	984	19	18	143	161	1,825	1,748	1,968	1,909	46	56
10	5	7	112	93	117	100	4	2	16	8	281	250	297	258	4	6	21	15	393	343	414	358	8	8
11	119	165	1,390	1,254	1,509	1,419	39	39	11	20	386	386	397	406	7	4	130	185	1,776	1,640	1,906	1,825	46	43
12	30	25	467	468	497	493	10	9	5	10	230	225	235	235	2	2	35	35	697	693	732	728	12	11
13	56	67	590	505	646	572	22	15	9	10	229	177	238	187	5	2	65	77	819	682	884	759	27	17
14	—	—	—	—	—	—	—	—	25	27	489	498	514	525	4	—	25	27	489	498	514	525	4	—
15	—	—	—	—	—	—	—	—	28	23	436	421	464	444	2	6	28	23	436	421	464	444	2	6
16	110	116	1,228	1,114	1,338	1,230	31	49	10	10	194	174	204	184	—	2	120	126	1,422	1,288	1,542	1,414	31	51
17	84	93	612	534	696	627	36	24	16	18	412	362	428	380	5	7	100	111	1,024	896	1,124	1,007	41	31
Administrative County	803	939	9,844	8,927	10,647	9,866	278	285	249	281	5,492	5,148	5,741	5,429	70	66	1,052	1,220	15,336	14,075	16,388	15,295	348	351

Note.—A birth is regarded as “ premature ” if the birth weight is 5½ lb. or less.

In contrast to the above table, the statement inserted below provides, for the year 1958, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after re-assignment of births transferable to or from other local health authorities’ areas. It will be appreciated that the latter relate to notified births and therefore, although corrected for transfers, differ in some small degree from the numbers of registered births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births							Still-births	Live births							Still-births	Live births							Still-births
	Preme-ture		Mature		Total				Preme-ture		Mature		Total				Preme-ture		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total No. occurring in Administrative County	803	939	9,844	8,927	10,647	9,866	278	285	249	281	5,492	5,148	5,741	5,429	70	66	1,052	1,220	15,336	14,075	16,388	15,295	348	351
No. transferred out of Administrative County to areas of other L.H. Authorities	298	312	2,943	2,754	3,241	3,066	32	33	5	1	35	40	40	41	—	—	303	313	2,978	2,794	3,281	3,107	82	83
No. occurring in and belonging to Administrative County	505	627	6,901	6,173	7,406	6,800	196	202	244	280	5,457	5,108	5,701	5,388	70	66	749	907	12,358	11,281	13,107	12,188	266	268
No. transferred into Administrative County from areas of other L.H. Authorities	392	443	4,146	4,011	4,538	4,454	130	148	1	1	14	16	15	17	—	1	393	444	4,160	4,027	4,553	4,471	130	149
Final No. belonging to Administrative County	897	1,070	11,047	10,184	11,944	11,254	326	350	245	281	5,471	5,124	5,716	5,405	70	67	1,142	1,351	16,518	15,308	17,660	16,659	396	417

Note.—A birth is regarded as “ premature ” if the birth weight is 5½ lb. or less.

It will be seen from the above table that some 2,750 more births were assigned to the Administrative County than actually occurred within the area. In recent years the proportion of notified domiciliary births to total notified births assigned to the Administrative County has varied only slightly between 32 and 33 per cent., the figure for 1958 being 32·0 per cent.

MIDWIFERY

The County Council provide a midwifery service by the employment of full-time midwives in urban areas and district nurse-midwives in the rural areas. The numbers employed on the 31st December, 1958, are shown in the statement below and are compared with those employed in the previous four years :—

		No. employed at end of year									
		1954		1955		1956		1957		1958	
Midwives	...	182	...	182	...	182	...	180	...	178	
Nurse-midwives		72	...	73	...	63	...	59	...	60	

Supervision is carried out by non-medical supervisors of midwives.

For the sixth consecutive year there was an increase over the previous year in the number of confinements attended by domiciliary midwives. In addition to an expected rise in the number of domiciliary confinements attended in health divisions Nos. 9 and 15, where there are development areas taking overspill populations from Liverpool and Salford respectively, there was also a fairly large increase in health divisions Nos. 4, 7 and 11. Health division No. 14, however, which includes a development area taking overspill population from Manchester, had a slightly reduced number of confinements. The number of confinements attended by midwives working in hospitals situated in the Administrative County area also increased considerably.

Of the total confinements attended by midwives in the Administrative County area, the proportion attended by County Council midwives and nurse-midwives had been decreasing annually up to 1952 when it was 32·2 per cent. In the following five years the proportion increased slightly each year to 34·8 per cent. in 1957, at which level it remained in 1958.

The following table shows the number of confinements attended by midwives in the various services during each year from 1954 to 1958. These figures do not include miscarriages.

					Total confinements attended				
					1954	1955	1956	1957	1958
(a)	Local Health Authority services—								
	County Council midwives	...	...	...	8,782	9,137	9,678	10,282	10,514
	County Council nurse-midwives	...	...	...	699	689	677	740	656
(b)	Hospital services—								
	In State hospitals	...	...	...	17,480	17,700	18,795	19,599	20,052
	In voluntary hospitals	...	...	...	—	—	—	—	—
(c)	In private practice—								
	Domiciliary	...	...	...	76	52	23	14	24
	Nursing homes, etc.	...	...	...	1,321	1,117	1,147	1,076	861
TOTAL—All services					28,358	28,695	30,320	31,711	32,107

In addition to these confinements, County Council midwives and nurse-midwives attend up to the 14th day after confinement those mothers who have been confined in hospital but discharged before the 14th day. In 1958, 20,097 visits were made to 5,751 of these cases. The midwives also attended at 281 miscarriages.

Analgesia.—During the year additional triline inhalers were issued and on the 31st December, 211 inhalers were being used by midwives and nurse-midwives. Although most of the midwives and nurse-midwives who are qualified to administer inhalational analgesia now possess a triline inhaler as well as a gas/air machine, in a few instances nurse-midwives in adjoining areas who only attend a small number of cases are required to share a triline inhaler. During the year the Central Midwives Board issued revised rules in connection with the re-testing of these inhalers. The Board now requires them to be re-tested annually instead of every six months, and arrangements are made with the manufacturers for this to be carried out.

Details of cases in which analgesia was administered are given below under the heading—“Statistics.”

Oxygen Resuscitators.—As a result of trials carried out in 1956 it was decided to purchase several oxygen resuscitators, consisting of a small bulb of oxygen attached to a face mask, which could be used in cases of emergency such as asphyxia neonatorum. This type of equipment was issued to a further six midwives and nurse-midwives during the year, making a total of 181 held by midwives on the 31st December, 1958.

Perinatal Mortality Survey.—During the year 1958 the National Birthday Trust Fund asked all local health authorities in England, Scotland and Wales to assist in a survey of all confinements occurring in the first week in March, 1958, and into all stillbirths and neonatal deaths occurring in March, April, and May. They were also asked to arrange for autopsies to be carried out at Regional Pathology Centres on all stillbirths and neonatal deaths occurring in March where parental consent could be obtained.

The purpose of this enquiry was to obtain information from which it is hoped to make possible a reduction in stillbirths and neonatal deaths which have shown no significant decline for many years.

The County Council assisted in this enquiry and arrangements were made before it commenced to call all midwives and nurse-midwives in domiciliary practice in the Administrative County, and those practising in private maternity homes, to meetings at divisional level, when they were briefed as to its purpose and with regard to the completion of a complicated form of questionnaire.

As the County Council were responsible for sending in completed questionnaires in respect of cases occurring in hospitals in their areas it was necessary to maintain close liaison with such hospitals.

An exchange of information was also arranged with County Boroughs located in the geographical county to cover children born in one area who died within 28 days of birth in another during the survey period.

District Training of Pupil Midwives.—Thirty-six of the County Council's midwives are approved by the Central Midwives Board as pupil midwife teachers and give instruction on district midwifery to pupil midwives taking Part II training. During the year 83 pupils were sent to County Council pupil midwife teachers from six hospitals situated in the Administrative County area.

Post-Graduate Training.—In accordance with the rules of the Central Midwives Board, 55 County Council midwives and nurse-midwives attended a residential post-graduate course during 1958.

Three of the County Council's supervisors attended a residential post-graduate course for supervisors of midwives at Bedford College, London, from the 13th to the 19th April, 1958.

One-day refresher courses were held at the County Offices on the 21st and 28th January, 1958, when the subjects were "Symptoms of Surgical Disease in the New-born" and "Recent Advances in Midwifery" respectively. The speaker in the first instance was Miss I. Forshall, F.R.C.S., Consultant Paediatric Surgeon, and in the second, W. P. G. Dickson, Esq., M.R.C.O.G., Consultant Obstetrician and Gynaecologist. Approximately 90 midwives attended on each of the two days.

First-aid in Midwifery.—As in previous years the County supervisor of midwives gave a number of lectures on "First-aid in Midwifery" to police personnel at the County Police Training Centre, Stanley Grange, Hoghton. Lectures were also given by the Supervisor and her assistants to newly appointed ambulance drivers and attendants.

Motor Transport.—At the end of 1958, 151 midwives, or 85 per cent. of those employed, were using a motor car for official duties. Forty-seven of the cars were owned by the County Council, the remainder being privately owned. Details of transport used by nurse-midwives are given in the home nursing section of this report.

Housing of County Council Midwives.—Of the 178 midwives employed on the 31st December, 1958, 38 occupied houses owned by the Council, 37 occupied houses rented by the County Council from local councils, three occupied houses rented by the County Council from private owners, whilst 24 tenanted houses direct from local councils. The remaining 76 midwives provided their own living accommodation.

STATISTICS

INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA.

Roll of Midwives.—The following table shows the distribution of all midwives on the County roll on the 31st December, 1958, in the various types of service :—

Type of service	Maternity nurses only	Midwives	
		Total No.	No. qualified to give inhalational analgesia
(a) Local Health Authority services—			
County Council midwives	—	178	177
County Council nurse-midwives	—	60	60
(b) Hospital services—			
In State hospitals	2	281	272
In voluntary hospitals	—	—	—
(c) In private practice—			
Domiciliary	8	6	4
Nursing homes, etc.	—	12	12
TOTAL—All services	10	537	525

Notifications.—MEDICAL AID, STILLBIRTHS AND DEATHS.—The following is a statement of the notifications, required to be sent by midwives to the County Council as Local Supervising Authority, which were received during 1958 :—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Still- births	Deaths	
			Mother	Child (under 1 month)
(a) Local Health Authority services—				
County Council midwives	1,842	106	5	39
County Council nurse-midwives	28	3	—	5
(b) Hospital services—				
*In State hospitals	277	36	—	10
In voluntary hospitals	—	—	—	—
(c) In private practice—				
Domiciliary	1	—	—	—
Nursing homes, etc.	12	5	—	—
TOTAL—All services	2,160	150	5	54

*These notifications were received from midwives working in State hospitals having 15 or less maternity beds and no resident medical officer.

In the following table the numbers of notifications received from all midwives on the County roll during 1958 are compared with those for each of the four previous years :—

Year	No. of notifications received in respect of —			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1954	2,322	232	2	95
1955	2,686	167	2	56
1956	2,311	188	1	45
1957	2,248	165	1	52
1958	2,160	150	5	54

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives :—

Year			No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
					£ s. d.	£ s. d.
1954	...	...	2,322	463	1,398 2 6	3 0 5
1955	...	...	2,686	362	1,172 3 6	3 4 9
1956	...	...	2,311	398	1,200 7 6	3 0 4
1957	...	...	2,248	243	753 19 6	3 2 1
1958	...	...	2,160	259	721 1 6	2 15 8

INFORMATION RELATING TO THE COUNTY COUNCIL MIDWIFERY SERVICE

The following table gives the numbers of confinements and miscarriages attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during 1958 and the four previous years :—

	1954		1955		1956		1957		1958	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Confinements ...	8,782	699	9,137	689	9,678	677	10,282	740	10,514	656
Miscarriages ...	381	40	376	32	397	19	355	33	257	24
TOTALS ...	9,163	739	9,513	721	10,075	696	10,637	773	10,771	680
	9,902		10,234		10,771		11,410		11,451	

Particulars of bookings of the general practitioner in connection with the confinements attended in 1958 by County Council midwives and nurse-midwives and of the actual presence of the doctor at delivery are given in the following table. The total births resulting from these confinements are also analysed as to presence of the doctor at delivery.

	Confinements					Total births		
	Doctor not booked		Doctor booked		Total	Doctor present at delivery	Doctor not present at delivery	Total
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery				
Midwives...	22	909	1,363	8,220	10,514	1,399	9,178	10,577
Nurse-midwives...	5	49	213	389	656	220	440	660
TOTAL ...	27	958	1,576	8,609	11,170	1,619	9,618	11,237

Of the 11,170 mothers attended in confinement by County Council midwives and nurse-midwives 10,185 or 91 per cent. had also booked a doctor. The doctor was present at the delivery in 1,576 or 15 per cent. of these 10,185 cases. There was no doctor present at 9,567 deliveries—86 per cent. of the total attended by all midwives. In 1957 a doctor had been booked at 85 per cent. of the cases attended by County Council midwives and nurse-midwives and had been present at the delivery of 17 per cent. of these. In that year there had been no doctor present at 85 per cent. of the total cases attended by midwives.

The following statement gives information on the administration of gas/air analgesia, pethidine and trilene during 1958 :—

	Gas/Air				Pethidine		Trilene
	Alone	With Pethidine	With Trilene	With Pethidine and Trilene	Alone	With Trilene	
Midwives—							
Doctor present at delivery	56	115	11	65	67	560	361
Doctor not present at delivery	366	597	149	276	469	3,340	3,027
Nurse-midwives—							
Doctor present at delivery ...	51	52	13	15	9	43	21
Doctor not present at delivery	91	122	12	23	15	77	43
TOTAL	564	886	185	379	560	4,020	3,452

The changing pattern in the use of the different types of analgesic during the last five years is shown below :—

Year	Total confinements attended by County Council midwives and nurse-midwives	Confinements at which any analgesic was administered		Confinements at which the following analgesics were administered					
				Gas/Air		Pethidine		Trilene	
		No.	*Per cent.	No.	*Per cent.	No.	*Per cent.	No.	*Per cent.
1954...	9,481	7,943	84	7,284	77	5,017	53	124	1
1955...	9,826	8,419	86	7,638	78	5,397	55	292	3
1956...	10,355	9,121	88	6,540	63	5,751	56	2,291	22
1957...	11,022	9,809	89	3,629	33	5,766	52	5,964	54
1958...	11,170	10,046	90	2,014	18	5,845	52	8,036	72

*Of total confinements attended by County Council midwives and nurse-midwives.

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births is shown in the statement below :—

	1954	1955	1956	1957	1958
(a) Total No. of live and still births occurring in the Administrative County	28,699	29,047	30,748	32,037	32,382
(b) No. of (a) which were domiciliary	9,679	10,006	10,529	11,161	11,306
(c) No. of (b) which were attended by County Council midwives and nurse-midwives	9,552	9,902	10,427	11,098	11,237
(d) Percentage of (c) to (a)	33	34	34	35	35
(e) Percentage of (c) to (b)	99	99	99	99	99

In the following statement particulars are given, for 1958 and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid :—

Deaths of mother or child (including deaths after removal to hospital)—

	1954	1955	1956	1957	1958
No. of live and still births attended ...	9,552	9,902	10,427	11,098	11,237
No. of deaths of mother	3	10	3	3	7
No. of deaths of child	121	102	86	82	83

Visits paid—

Midwives	256,076	265,846	270,543	286,951	293,729
Nurse-midwives	24,100	22,623	22,109	22,948	22,210
TOTAL	280,176	288,469	292,652	309,899	315,939

	1954	1955	1956	1957	1958
*Visits to mothers confined in hospital and discharged before the 14th day	9,765	10,458	15,934	16,159	20,097
*Night visits (<i>i.e.</i> , between 9 p.m. and 8 a.m.)... ..	11,841	14,063	15,857	16,877	16,289

* Included in totals overleaf.

HEALTH VISITING

The following table shows, on a divisional basis, the details of visits paid by health visitors during the year, together with comparative totals for the years 1954 to 1957 :—

Health Division No.	No. of visits paid by health visitors during year to :—												Total visits
	Expectant mothers		Children (under 5 years)				Adults					Other classes	
			Under one year		One year	2-4 years	Chronic sick		Aged and infirm	Illness and others			
First visits	Total visits	First visits	Total visits			Under 65 years	65 years and over	65 years and over	Under 65 years	65 years and over			
1	197	490	515	3,842	2,575	3,537	11	30	398	351	42	370	11,646
2	454	998	1,607	11,515	6,212	11,557	93	117	1,066	377	158	1,119	33,212
3	417	897	1,760	9,136	4,846	7,583	82	108	583	221	287	1,070	24,813
4	668	1,167	2,710	14,779	6,785	11,828	226	799	1,500	628	189	2,293	40,194
5	987	1,523	1,979	14,694	9,066	13,009	110	343	737	214	141	1,491	41,328
6	544	1,038	1,265	9,341	5,572	9,109	64	118	1,411	341	163	1,599	28,756
7	781	1,465	3,201	15,194	7,941	12,524	108	316	1,271	241	299	1,810	41,169
8	460	1,171	1,685	11,215	7,181	10,507	89	80	584	284	137	1,555	32,803
9	1,432	2,379	5,005	26,545	14,837	25,670	189	486	4,345	356	1,150	2,391	78,348
10	457	1,011	1,547	10,624	7,404	7,961	150	231	716	231	207	839	29,374
11	338	519	2,699	9,173	3,360	5,604	145	498	1,313	593	233	1,816	23,254
12	196	324	1,836	7,578	3,359	5,308	28	71	831	200	135	1,075	18,909
13	253	513	1,126	7,045	4,737	8,992	61	165	345	88	28	410	22,384
14	244	362	2,370	9,426	4,287	8,708	96	61	1,423	579	285	1,813	27,040
15	280	385	2,441	6,474	3,487	5,021	60	83	1,009	88	96	618	17,321
16	484	838	1,799	7,075	2,512	5,157	158	379	1,097	322	202	1,704	19,444
17	432	593	1,962	9,179	4,533	8,682	119	237	2,005	181	148	2,421	28,098
TOTAL— Administra- tive County 1958... ..	8,624	15,673	35,507	182,835	98,694	160,757	1,789	4,122	20,634	5,295	3,900	24,394	518,093
1957... ..	8,193	14,613	34,335	177,658	95,746	158,848	1,881	4,383	15,784	5,183	3,103	17,649	494,848
1956... ..	7,299	13,473	32,464	168,721	91,103	156,358	1,916	4,006	12,307	5,983	2,672	8,249	464,788
1955... ..	6,879	12,797	30,082	173,342	98,205	164,616	2,180	4,856	10,919	7,852	2,650	1,689	479,106
1954... ..	7,150	13,684	29,611	171,895	98,121	159,490	18,044					1,716	462,950

The number of children under five years of age who were visited during the year totalled 151,165 and the number of households visited for all purposes was 119,688.

The professional supervision of the service is carried out by the superintendent health visitor and school nurse, a deputy and three assistants. At the end of the year there were 294 health visitors/school nurses, compared with 268 at the end of 1957. There were also 35 temporary school/clinic nurses assisting the health visitors with school health work and in clinics. While the situation improves each year the number employed still falls short of the authorised establishment, in spite of continuous efforts to get the required staff.

In order to stimulate recruitment, the County Council continued with the scheme instituted in 1948, under which financial assistance is granted to nurses undertaking training for the health visitor's certificate. During the year 18 nurses were assisted in this way and all succeeded in obtaining the certificate.

Along with her routine duties for maternity and child welfare and school health work the health visitor continued to devote much of her time to visiting the aged and chronic sick. This type of visiting is very time-consuming but worth while to these two groups of people. More and more time was also spent on the work of problem families. Frequent visiting of these families is required and also time to contact all the other social workers who in some way or another are giving aid or support to them.

Health visitor students from Liverpool, Bolton, Manchester, Leeds and London training schools accompanied health visitors in various parts of the County for practical work. This necessitated considerable planning and follow-up on the part of the supervisory staff with the health visitors and with the tutors in the training schools. Student nurses from hospitals, district nurse students, student nursery nurses and students from the social studies departments of Manchester and Liverpool Universities spent time with the health visitors to gain an understanding of their work in the social field. One post-graduate student taking her public health administration course was given the opportunity of learning something of the administration of the health visiting service in the County.

Lectures were given by the senior staff to student nurses in some hospitals, to student health visitors at Bolton Technical College, to student nursery nurses and cadets at their training centres and at refresher courses in Winwick Hospital for the sisters and charge nurses. In addition the inaugural address was given at a refresher course for all types of hospital and public health nurses in Shire Hall, Gloucester. Talks were also given at the Careers Convention held in one division of the County during the year and at Old People's Welfare voluntary visitors' training courses. Two health visitors gave talks to the mothers in the moral welfare homes at Wilpshire and Lancaster.

The health visitors continued to do screening tests of hearing on children who came within the special groups to be ascertained and those whose parents had asked to have their children tested. Home guidance was given to deaf children by the two specially trained health visitors who were in close contact with their colleagues at the Fulwood Diagnostic Clinic and Manchester University.

Throughout the year health visitors continued to do formal and informal teaching in the clinics and in schools. Some parents' clubs continued to do well. These have a varied programme of speakers and subjects and are run by the mothers once the staff have got them established.

Two health visitors continued to act as health tutors to nursery students and also gave lectures to cadets at Morecambe and Lytham St. Annes centres.

Two health visitors were still doing specialised duties in connection with care of the aged and handicapped in two divisions. This is proving to be a valuable piece of work, especially with regard to the liaison with the hospital staffs and general practitioners but the health visitors are still responsible for the routine visiting to these people.

Liaison with the geriatrician in another division continued with the assistant superintendent health visitor or a health visitor going on domiciliary visits with him, 62 such visits being made during the year.

Active co-operation between the health visitor and the general practitioner is encouraged and progress in this direction continued in some areas. Such an arrangement is, of course, advantageous to the general public and efforts are made by new staff to get to know the general practitioners in their areas.

In some divisions the staff took part in a survey of accidents to children in co-operation with the Alder Hey Hospital, Liverpool. The health visitors' help was also sought by the Public Health and Preventive Medicine Department, Manchester University, in a survey on "Twining," which is being carried out there.

Some members of the staff attended post-certificate refresher courses organised by the Royal College of Nursing and the Women Public Health Officers' Association. Many attended the intensive teaching course organised by the Women Public Health Officers' Association and subsequently found it most helpful when they were giving talks in their clinics, schools or elsewhere. One member also attended the Central Council for Health Education course, which she found most stimulating. Some members of the staff met for discussion groups with Dr. Torrie during the year.

There was a considerable increase in clinic work during the year due to the poliomyelitis immunisation drive throughout the country. This entailed sessions during morning and afternoon and also in the evening for the "teenagers" and other members of the public. The increase in school nursing staff has helped here in relieving the health visitors of some of these and other clinic sessions so that they may continue with their most important task of home visiting of the old as well as the young.

HOME NURSING

The County Council provide a domiciliary nursing service by the direct employment of whole-time district nurses.

Staffing.—Details of the numbers of staff employed in 1958 and in each of the four preceding years are given in the statement below :—

Staff category	1954	1955	1956	1957	1958
District nurses (general nursing only)	257	285	315	338	345
District nurses (general nursing and midwifery) ...	68	68	58	56	57
District nurses (general nursing, midwifery and health visiting)	4	5	5	3	3
TOTAL	329	358	378	397	405

Of the 405 nurses employed on the 31st December, 1958, 350 were state registered nurses of whom 287 or 82 per cent. were “ district ” trained, and 55 were state enrolled assistant nurses engaged in the main in nursing the aged and chronic sick. In addition to these full-time officers of the County Council, 12 nurses were employed part-time and were engaged in general nursing.

The supervision of district nurses was carried out by a superintendent, a deputy and seven assistants.

Cases Attended.—In the following statement particulars are given of the number of cases attended by the district nurses during 1958, together with the number of visits involved. For comparative purposes, corresponding figures for the previous four years are also given.

	1954	1955	1956	1957	1958
General nursing cases attended	45,917	48,507	48,625	49,291	47,478
No. of visits paid to these cases	1,089,682	1,180,400	1,241,255	1,303,251	1,297,232
Average No. of visits per case	23·7	24·3	25·5	26·4	27·3
No. of casual advisory visits	58,317	59,095	66,738	64,358	63,130

Whilst the figures quoted above give a factual account of the total number of cases nursed during the year and the number of attendances by the nurses to those cases, they do not provide any indication of the types of cases nursed, the variety of treatments involved, the frequency of visitation, etc. For this reason, and in order to obtain a detailed statistical picture of the clinical pattern of home nursing work done in the County area, the automatic collation of data taken directly from the nursing record of each case in which attendance ceased during the year has been continued. The resultant information drawn from such an analysis provides a reasonable appreciation of the differing types of cases and of the demands which the service is required to meet.

A total of 34,013 records of cases on which attendance ceased during 1958 were analysed during the year. A summary of the case records examined arranged in order of frequency according to the groups of diseases and by certain specified age groups is given below :—

Disease or ailment	Total cases	Age groups (years)				
		0—	5—	15—	45—	65—
Senility and other ill-defined conditions	5,440	59	85	798	1,632	2,866
Diseases of respiratory system (other than tuberculosis)	5,152	582	374	1,118	1,327	1,751
Diseases of the heart and circulatory system	3,473	9	11	181	986	2,286
Diseases of digestive system	3,280	125	164	587	962	1,442
Diseases of the central nervous system	2,566	3	4	108	487	1,964
Anaemias and other blood diseases	2,428	21	6	624	632	1,145
Diseases of the skin	2,426	131	201	736	624	734
Diseases of the genito-urinary system	2,080	270	29	753	432	596
Cancer	1,517	1	2	111	549	854
Accidents, injuries, etc. (including burns and scalds) ...	1,363	144	147	251	281	540
*Infective and parasitic diseases	1,112	38	51	482	353	188
Diseases of eye, ear and mastoid process	802	224	239	168	95	76
Diseases of bones and organs of movement (including rheumatism and arthritis)	744	3	13	95	263	370
Diabetes	596	1	5	27	153	410
Mental, psychoneurotic disorders	80	—	1	18	35	26
All other conditions	954	54	25	603	157	115
TOTAL—All conditions	34,013	1,665	1,357	6,660	8,968	15,363

* Including tuberculosis of respiratory system.

A similar statement in rather more detail is given in Table 12, page 191.

Over the period of seven years during which an analysis has been made of the terminated cases each year has shown a distinct change in the distribution of types of cases with which the home nurses have been concerned and there has also been a steady rise in the proportion of patients aged 65 years and over. In 1958, the proportion of the latter to total cases was 45·2 per cent. whereas in 1952 it was only 37 per cent., but what is perhaps more striking is the fact that in 1952 the group of cases classified to “senility and other ill-defined conditions,” of which persons over 64 years of age formed almost 53 per cent., was fourth in the list of principal conditions nursed (10·2 per cent. of the total cases), being exceeded by “diseases of the respiratory system (other than tuberculosis),” “diseases of the digestive system” and “diseases of the skin” in that order. By 1954 “senility and other ill-defined conditions” had moved up to third place and by 1955 to second place, being next only to “diseases of the respiratory system (other than tuberculosis).” Then in 1958 this latter group was finally displaced by “senility and other ill-defined conditions” (16 per cent. of the total cases)—the proportion of which relating to persons aged 65 and over remained virtually the same as in 1952.

These figures confirm that an increasing proportion of the work of the home nurses lies amongst the aged and infirm, and these are patients who probably require attendance over a longer period than most of the other types of illness nursed.

The table following is inserted to show not only the numbers of different classes of cases attended during the past seven years but also their relative incidence. Perhaps one of the most interesting features of this table is that, apart from the rise in cases of senility and other ill-defined conditions to which reference has already been made, there is only one other group of conditions which has formed an increasing proportion of the total cases nursed, *viz.*, anaemias and other blood diseases, which over the seven years under review have increased by no less than 257 per cent.

Further points of interest in the table are the progressively decreasing numbers of cases of infective and parasitic diseases, diseases of the skin and accidents, injuries, etc., including burns and scalds and, to some extent, diseases of the digestive system.

Disease or ailment	No. of cases terminated in year						
	1952	1953	1954	1955	1956	1957	1958
Tuberculosis of respiratory system	515	749	819	936	805	628	545
Other infective and parasitic diseases ...	1,050	1,035	795	805	750	735	567
Cancer	1,669	1,715	1,704	1,793	1,720	1,687	1,517
Diabetes	521	553	616	587	622	632	596
Anaemias and other blood diseases	679	768	944	1,143	1,551	2,057	2,428
Mental, psychoneurotic disorders	78	67	104	93	82	86	80
Cerebral haemorrhage, cerebral embolism and thrombosis	1,013	1,086	1,119	1,163	1,262	1,156	1,181
Other diseases of central nervous system ...	1,388	1,267	1,415	1,418	1,456	1,414	1,385
Diseases of eye, ear and mastoid process ...	1,326	1,290	1,332	1,192	1,235	945	802
Diseases of heart and circulatory system ...	2,648	3,294	3,562	3,553	3,747	3,747	3,473
Influenza	203	341	271	307	224	774	224
Pneumonia	1,242	1,336	1,322	1,270	1,212	1,124	962
Bronchitis	1,770	2,437	2,501	2,954	2,862	2,643	2,448
Other diseases of respiratory system	1,677	1,896	1,827	1,849	1,723	1,624	1,518
Diseases of digestive system	3,877	3,863	4,033	3,865	3,855	3,746	3,280
Diseases of genito-urinary system	2,373	2,379	2,402	2,206	2,329	2,219	2,080
Diseases of the skin	3,741	3,905	3,657	3,491	2,938	2,603	2,426
Diseases of bones and organs of movement (including rheumatism and arthritis) ...	730	748	782	821	747	769	744
Senility and other ill-defined conditions ...	3,360	3,354	3,694	4,394	4,570	4,828	5,440
Burns and scalds	677	592	548	560	548	487	424
Other accidents, injuries, etc.	1,404	1,372	1,315	1,302	1,239	1,108	939
All other conditions	893	889	818	885	967	1,005	954
TOTALS—Administrative County ...	32,834	34,936	35,580	36,587	36,444	36,017	34,013

An analysis of the duration of treatments and frequency of visits in relation to the various groups of ailments is provided by Table 13 on page 192. From this it will be seen that whilst they were on the books, 1,042,162 visits were paid to the 34,013 cases on which attendance terminated during 1958. This represents an average of 30·6 visits per case, 1·6 more than the average for the previous year and 8·6 more than the corresponding figure for 1952. Night visits, *i.e.*, those between 9 p.m. and 8 o'clock the following morning, totalled 1,979 or 0·2 per cent. of the total visits. As is usual, the majority of these (1,113) were to cancer cases. The duration of treatment for all types of cases averaged 12·8 weeks with a weekly attendance per case of 2·4 visits. It will, of course, be appreciated that as averages the latter figures give no indication of the wide variation in length of treatment and numbers of visits demanded by differing types of cases. For example, cases of diseases of the eye, ear and mastoid process are shown to have lasted on average only slightly over two weeks involving some nine visits, *i.e.*, at the rate of a little more than four visits each week, whereas diabetes cases required on average 153 visits over 28 weeks at the rate of 5½ visits per week. Then again, cases involving the genito-urinary system called for only one visit per week but over some 23 weeks.

It is a matter of some interest to set down the average attendance figures for all types of case over the whole period during which the statistical analysis has been in progress.

	1952	1953	1954	1955	1956	1957	1958
Total number of cases on which attendance ceased	32,834	34,936	35,580	36,587	36,444	36,017	34,013
Average duration of treatment (weeks)	6·9	8·1	9·1	9·6	10·7	11·5	12·8
Average number of visits (day and night) per case	22·0	23·7	24·7	25·3	27·3	29·0	30·6
Average number of visits per case per week	3·2	2·9	2·7	2·6	2·6	2·5	2·4

Thus it appears that while, on average, cases are to-day on the registers almost twice as long as they were seven years ago, they are not visited so frequently. This is not to be taken to imply that the cases are not being visited as often as they should—rather is it indicative of the changing type of case with which the nurse is now being called upon to deal. In other words, as mentioned earlier, there has been over the past few years a distinct increase in the number of cases which require long term nursing care.

From year to year there is very little variation in the figures produced by an analysis of the origin of calls for the nurses' services. As regards the cases which terminated in 1958, in 87·3 per cent. the general medical practitioner was instrumental in calling in the district nurse, whilst hospitals referred a further 8·9 per cent. In 2·4 per cent. of the cases the nurses responded to requests made by the patients themselves or their relatives or friends—some degree of urgency usually being involved, whilst 1·1 per cent. were referred by public health authorities, 0·1 by chest clinics and 0·1 by miscellaneous sources, such as the police.

The principal reasons for the cessation of the nurses' attendance on the cases under review in 1958 are summarised below. These are analysed in greater detail, according to disease or ailment and by health divisions, in Tables 13 and 14 on pages 192 and 193.

	No. of patients	Per cent. of total
Recovered, relieved or convalescent ...	19,226	56·5
Died ...	5,388	15·8
Admitted to hospital ...	4,893	14·4
Out-patient, X-ray, etc. ...	2,301	6·8
Gone away ...	1,125	3·3
Nurse withdrawn ...	1,017	3·0
Others ...	63	0·2

Concurrently with the analysis of cases by types, ages, frequency of visitation, etc., an analysis was carried out into the types and numbers of treatments which were involved in the cases upon which attendance ceased in 1958. These are classified to the main groups of treatments commonly required of the nursing profession as follows :—

Nursing treatment	No. of cases	Proportion of total (per cent.)
General nursing care ...	6,918	20·3
General nursing care with injections ...	1,146	3·4
General nursing care with dressings and poultices ...	459	1·3
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata ...	395	1·2
Septic dressings and poultices ...	1,025	3·0
Dry dressings ...	2,840	8·3
Burns and scalds—dressings and treatments ...	395	1·2
Pre-operative treatment and pre-X-ray ...	2,325	6·8
Blanket baths (once, twice or thrice weekly) ...	571	1·7
Douche and pessaries ...	464	1·4
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout ...	2,270	6·7
Injections (hypodermic or intramuscular) ...	14,156	41·6
Injections (hypodermic or intramuscular) with dressings ...	656	1·9
Operations ...	2	0·0
Eyes, ears, nose and throat treatments ...	118	0·3
Skin treatments ...	118	0·3
Care of patients in plaster casts and splints ...	112	0·3
Others ...	43	0·1

Comparison of the numbers requiring the various treatments with those for the previous year shows that once again the slight rise in the proportion of cases where the nurse was required to prepare the patient for certain types of operative treatment or for X-ray examination, which has been apparent during recent years, was continued. A well-established feature of the treatments required to be given by district nurses is the injection, either alone or in conjunction with dressings or general nursing care. The number of injection cases which terminated in 1958, however, was somewhat less than in the previous year and may possibly reflect changes in medical practice. Although the number of cases requiring general nursing care was slightly fewer than in 1957, the impression of the supervisors is that the number of heavy nursing cases is tending to increase.

Post Certificate Training.—During the year two training courses were held at the County Council's training centre. Nineteen nurses attended, all of whom passed the examination of the Queen's Institute of District Nurses and were enrolled as Queen's nurses. Two nurses passed with credit, one in the practical and one in the theoretical section of the examination. Accommodation at the Garstang Road Congregational Sunday School, Preston, was used throughout the year as a training centre.

As in previous years a specialised course for assistant nurses employed in the Home Nursing Service was held at the district training centre. Seven assistant nurses attended the course which was of three weeks duration.

The Queen's Institute organised a residential course for nursing administrators which was attended by one assistant superintendent. In addition two assistant superintendents attended a conference of Queen's Institute training home superintendents. The Queen's Institute also organised three residential post-graduate refresher courses for district nurses at which 51 of the County Council's district nurses attended.

A one-day refresher course was held at the County Hall on the 2nd October when the subject was "mental illness and its prevention." The speakers were Dr. D. P. Oakley, of Whittingham Hospital, and Dr. W. Mary Burbury, senior lecturer in child psychiatry at the University of Leeds. The programme was repeated on the 16th October when the speakers were Dr. D. P. Oakley and Dr. A. Torrie. Approximately 200 nurses attended on each day.

Transport.—The following table gives details of the number of motor vehicles in use by district nurses and nurse-midwives during the five years 1954 to 1958 :—

Ownership of vehicles	Motor vehicles in use at 31st December									
	1954		1955		1956		1957		1958	
	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles
District nurses and Superintendents ...	147	5	172	5	198	10	225	10	243	8
County Council	90	—	94	—	96	—	94	—	95	—
TOTAL	237	5	266	5	294	10	319	10	338	8
Proportion (per cent.) of total staff ...	71	1	73	1	76	3	80	2	83	2

Note.—Included under the heading "auto-cycles" are all forms of motorised bicycles, i.e., auto-cycles, scooters and motor assisted bicycles.

Housing.—During the year three houses—"Windy How," Allithwaite Road, Cartmel; 2, Manor Road, Colne, and 517, Burnley Road East, Waterfoot—were purchased for occupation by district nurses and at the end of the year negotiations were being carried out for the purchase of other property.

The following table sets out details of the housing of superintendents and nurses during the past five years :—

Premises	Nurses accommodated				
	1954	1955	1956	1957	1958
Owned by County Council	60	60	58	59	51
Rented by County Council from District Councils ...	24	29	27	33	32
Rented by County Council from private owners ...	14	11	15	14	9
Rented by nurses from District Councils	21	26	29	26	28
Owned by nurses or rented by them from private owners	216	238	258	274	294
TOTAL	335	364	387	406	414

VACCINATION

Vaccination against Smallpox.—The County Council, as local health authority, are responsible for making adequate arrangements for the vaccination of infants against smallpox, and for this purpose vaccination sessions are held as necessary at child welfare centres or other appropriate places. The sessions are almost invariably conducted by the divisional medical staffs although arrangements do exist whereby general practitioners may be engaged on a sessional basis to supplement them if necessary. At the same time, all medical practitioners, whether or not providing general services under Part IV of the National Health Service Act, 1946, may provide service under the County Council's arrangements for vaccination against smallpox. They are required to furnish records on a prescribed form and payment is made therefor in accordance with an agreement between the Minister of Health and the profession. At the end of 1958 general practitioners participating in these arrangements numbered 1,030.

The following statement shows for each health division and for the Administrative County the numbers of primary vaccinations and re-vaccinations performed during 1958. For the purposes of comparison the corresponding figures for the Administrative County for the previous five years are also given. As a result of action taken in conjunction with the County Local Medical Committee there was a considerable reduction during 1958 in the amount of delay which has been reported previously in the submission by general practitioners of completed record cards. In some instances, however, delays did unavoidably occur and the following figures, whilst relating to vaccinations and re-vaccinations actually performed during the years indicated, take into account all record cards which had been received by the 31st May, 1959.

Health Division No.	Primary vaccinations performed						Re-vaccinations performed					
	Age in years						Age in years					
	Under 1	1—	2—	5—	15—	Total	Under 1	1—	2—	5—	15—	Total
1	381	5	12	11	19	428	—	—	1	13	55	69
2	928	16	12	19	68	1,043	3	—	8	16	198	225
3	765	33	15	37	100	950	—	2	3	16	188	209
4	1,117	49	58	55	99	1,378	—	—	1	7	164	172
5	514	27	51	43	67	702	1	—	1	9	111	122
6	407	29	28	26	41	531	—	—	2	11	93	106
7	1,883	55	92	123	134	2,287	—	—	19	89	580	688
8	779	7	31	45	47	909	—	—	3	6	65	74
9	2,218	144	216	324	171	3,073	3	2	19	118	746	888
10	572	23	21	24	57	697	—	2	3	16	123	144
11	724	44	38	34	53	893	—	—	4	12	129	145
12	881	41	35	31	40	1,028	1	—	6	25	227	259
13	486	28	6	7	11	538	5	1	1	3	55	65
14	1,219	50	61	47	79	1,456	3	1	6	20	154	184
15	1,131	43	52	56	74	1,356	—	1	10	37	209	257
16	1,024	43	39	35	51	1,192	—	1	7	18	173	199
17	916	34	54	34	77	1,115	4	1	8	8	124	145
TOTAL— Admin. County—												
1958 ...	15,945	671	821	951	1,188	19,576	20	11	102	424	3,394	3,951
1957 ...	13,994	606	628	766	1,387	17,381	27	11	137	496	3,323	3,994
1956 ...	11,967	481	430	483	1,091	14,452	22	11	95	359	2,672	3,159
1955 ...	10,807	513	421	486	1,006	13,233	23	10	83	296	2,327	2,739
1954 ...	10,038	529	468	493	1,009	12,537	8	4	92	254	2,331	2,689
1953 ...	10,863	1,211	3,087	9,695	10,446	35,302	21	26	384	3,761	15,110	19,302

It is gratifying to be able to report that almost the whole of the increase of rather more than 2,000 primary vaccinations as compared with the total for the previous year occurred in the most important age group, that of infants under one year of age. This again represented a considerable improvement in real "acceptance" of infant vaccination, as is shown in the following table of acceptance rates for each health division and for the Administrative County. Such rates express as a percentage of the live births occurring in each year the number of infants under one year of age vaccinated against smallpox.

Health Division No.	No. of notified live births					No. of children under one year vaccinated					Infant vaccination "acceptance rate" (per cent.)				
	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958	1954	1955	1956	1957	1958
1	504	500	529	572	509	322	353	306	387	381	63.9	70.6	57.8	67.7	74.9
2	1,413	1,466	1,433	1,594	1,621	675	706	707	830	928	47.8	48.2	49.3	52.1	57.2
3	1,441	1,483	1,597	1,621	1,704	437	533	493	752	765	30.3	35.9	30.9	46.4	44.9
4	2,437	2,402	2,494	2,647	2,609	677	666	866	1,026	1,117	27.8	27.7	34.7	38.8	42.8
5	1,863	1,903	1,891	1,952	1,990	277	251	308	380	514	14.9	13.2	16.3	19.5	25.8
6	1,148	1,177	1,243	1,261	1,228	219	248	266	814	407	19.1	21.1	21.4	24.9	33.1
7	2,316	2,396	2,609	2,795	3,014	1,350	1,337	1,487	1,681	1,883	58.3	55.8	57.0	60.1	62.5
8	1,600	1,543	1,639	1,726	1,731	492	512	511	700	779	30.8	33.2	31.2	40.6	45.0
9	3,239	3,618	4,013	4,485	4,568	1,370	1,656	1,741	1,761	2,218	42.3	45.8	43.4	39.3	48.6
10	1,270	1,246	1,235	1,473	1,417	401	432	633	489	572	31.6	34.7	51.3	33.2	40.4
11	2,457	2,364	2,525	2,539	2,726	467	235	455	634	724	19.0	12.1	18.0	25.0	26.6
12	1,723	1,703	1,793	1,772	1,850	549	712	709	781	881	31.9	41.8	39.5	44.1	47.6
13	1,076	1,130	1,059	1,126	1,165	198	256	376	415	486	18.4	22.7	35.5	36.9	41.7
14	1,698	1,899	2,146	2,317	2,213	714	892	948	1,171	1,219	42.0	47.0	44.2	50.5	55.1
15	1,798	1,754	2,081	2,109	2,249	686	677	839	1,078	1,131	38.2	38.6	40.3	51.1	50.3
16	1,541	1,588	1,681	1,756	1,763	701	811	833	873	1,024	45.5	51.1	49.6	49.7	58.1
17	1,714	1,674	1,865	1,941	1,962	503	480	489	722	916	29.3	28.7	26.2	37.2	46.7
Administrative County	29,238	29,846	31,833	33,686	34,319	10,038	10,807	11,967	13,994	15,945	34.3	36.2	37.6	41.5	46.5

The rate of 46.5 per cent. for the Administrative County in 1958 was the highest achieved under the operation of the National Health Service Act and was, in fact, roughly double the rates applying during the 'thirties when the Vaccination Acts provided for compulsory vaccination in infancy.

During the 10 years in which the service has been provided by the County Council there has been an almost continuous annual rise in numbers attending the Council's clinics to receive vaccination against smallpox but, contrary to the experience with diphtheria immunisation, the majority at all ages showed a distinct preference for vaccination by their own general practitioners. In 1957 this was still true of total vaccinations but for the first time more pre-school children were dealt with at the clinics than by their family doctors. In 1958 some three quarters of the increase in primary vaccinations were attributable to the clinics. The following statement shows by age groups the numbers of primary vaccinations and re-vaccinations undertaken during 1958 at (a) clinics, etc., either by the Council's

own medical officers, or by general practitioners engaged by the County Council, and (b) by general practitioners in the course of their private practice. For the purposes of this table, any vaccinations performed by medical staffs of hospitals have been included with the latter category. Comparable figures for the Administrative County for each of the preceding five years are also given, but it should be noted that the unusually high figures recorded for 1953 resulted from the incidence of smallpox during that year :—

Health Division No.	No. of vaccinations and re-vaccinations performed during the year ended 31st December, 1958																							
	At clinics												By general practitioners in course of private practice						Total					
	By divisional medical staff						By general practitioners on sessional basis						0—years			5—years			15 years and over			0—years		
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	140	—	4	—	1	—	—	—	—	—	—	—	258	1	7	13	18	55	398	1	11	13	19	55
2	478	3	1	—	—	—	—	—	—	—	—	—	478	8	18	16	68	198	956	11	19	16	68	198
3	480	—	2	6	—	15	—	—	—	—	—	—	333	5	35	10	100	173	813	5	37	16	100	188
4	631	—	16	—	—	3	—	—	—	—	—	—	593	1	39	7	99	161	1,224	1	55	7	99	164
5	97	—	24	5	29	1	—	—	—	—	—	—	495	2	19	4	38	110	592	2	43	9	67	111
6	318	—	9	4	—	—	—	—	—	—	—	—	146	2	17	7	41	93	464	2	26	11	41	93
7	982	—	11	5	3	45	—	—	—	—	—	—	1,048	19	112	84	131	535	2,030	19	123	89	134	580
8	563	—	22	—	—	—	—	—	—	—	—	—	254	3	23	6	47	65	817	3	45	6	47	65
9	1,428	7	105	37	36	162	213	—	9	—	—	1	937	17	210	81	135	583	2,578	24	324	118	171	746
10	29	1	1	—	—	14	—	—	—	—	—	—	587	4	23	16	57	109	616	5	24	16	57	123
11	471	—	1	1	2	1	—	—	—	—	—	—	335	4	33	11	51	128	806	4	34	12	53	129
12	649	—	10	—	3	40	—	—	—	—	—	—	308	7	21	25	37	187	957	7	31	25	40	227
13	470	6	4	—	3	24	—	—	—	—	—	—	50	1	3	3	8	31	520	7	7	3	11	55
14	698	1	5	—	3	10	—	—	—	—	—	—	632	9	42	20	76	144	1,330	10	47	20	79	154
15	884	—	9	—	—	3	—	—	—	—	—	—	342	11	47	37	74	206	1,226	11	56	37	74	209
16	477	8	19	—	18	2	—	—	—	—	—	—	629	—	16	18	33	171	1,106	8	35	18	51	173
17	777	2	4	—	3	1	—	—	—	—	—	—	227	11	30	8	74	123	1,004	13	34	8	77	124
TOTAL—Administrative County—1958	9,572	28	247	58	101	321	213	—	9	—	—	1	7,652	105	695	366	1,087	3,072	17,437	133	951	424	1,188	3,394
1957	7,933	30	133	47	115	248	118	—	2	—	2	—	7,177	145	631	449	1,270	3,075	15,228	175	766	496	1,387	3,323
1956	6,125	16	71	16	63	227	156	—	—	—	—	—	6,597	112	412	343	1,028	2,445	12,878	128	483	359	1,091	2,672
1955	5,630	21	72	11	37	158	161	—	2	—	—	1	5,950	95	412	285	969	2,168	11,741	116	486	296	1,006	2,327
1954	5,173	11	96	8	28	163	21	—	—	—	—	—	5,841	93	397	246	981	2,168	11,035	104	493	254	1,009	2,331
1953	5,877	65	3,599	1,088	2,072	2,932	45	—	2	—	11	13	9,239	366	6,094	2,673	8,363	12,165	15,161	431	9,695	3,761	10,446	15,110

P—Primary vaccinations. R—Re-vaccinations.

Whilst the use of posters and leaflets is again reported from almost every health division in the endeavour to impress upon the public consciousness the continued importance of vaccination against smallpox at the earliest possible age, the main reliance is rightly placed upon the personal advice and persuasion of the divisional medical staffs, the health visitors and the midwives in direct contact with the mothers during domiciliary visits or attendances at child welfare centres and clinics.

During 1958 one case of generalised vaccinia occurred in a young adult with a history of eczema who had been vaccinated for the first time to conform with the requirements for travelling abroad. No complication of the local reaction was reported.

Vaccination against Poliomyelitis.—At the beginning of the year under report vaccination against poliomyelitis was available on registration to all children born in the years 1943 to 1957 inclusive provided, in the case of those born in 1957, they had reached the age of six months. In addition work had commenced on the registration and vaccination of certain special categories—expectant mothers, general medical practitioners and members of their families, ambulance personnel and their families and the families of certain hospital staffs.

In the early months of 1958 the limited amount of British type vaccine available was augmented, as a temporary measure, by the importation of Canadian and American Salk vaccine which, prior to use, was submitted in this country to the same safety tests as were applied to the British vaccine. As this combined supply proved to be insufficient for the wider programme of vaccination envisaged by the Ministry of Health, the intention was announced in May of making available from the same sources, again as a temporary measure, large quantities of Salk vaccine which had been tested and licensed for use in the country of origin but not subsequently tested in this country. Parents of children eligible for vaccination and other persons in the priority groups who had indicated readiness to accept Salk vaccine tested in this country were to be given an opportunity of refusing Salk vaccine not so tested if they preferred to wait for vaccination with other vaccine at a later date.

In September, 1958, the vaccination programme was extended by the Ministry to cover persons born in the years 1933 to 1942, and hospital staffs who came into contact with patients, medical students and the families of these two groups. At the same time provision was made for a third injection to be offered in all cases not less than seven months after the second injection. The Joint Committee on Poliomyelitis Vaccine recommended, however, that completion of the programme of two injections should take precedence over third injections.

During the remainder of the year efforts were generally directed to the completion of vaccination of all registered children under the age of 15 years but a start was made in some areas upon the vaccination of the extended age-groups. The initial response from the young adults was reported by one or two divisional medical officers to be good, particularly where open sessions had been arranged in the evenings, but the results which had been achieved by the end of the year were, generally speaking, disappointing.

Particulars of the total registrations effected and of the vaccinations performed during the year are given on a divisional basis below, together with a statement of the cumulative position at the end of the year :—

Health Division No.	Registrations received in 1958	Vaccinations completed in 1958				Reinforcements (3rd injections) given in 1958	Position at 31st December, 1958	
		Children born 1943-58	Persons born prior to 1943		Total		Total registrations received	Total vaccinations completed
			Expectant mothers	Others				
1 ...	3,653	3,868	150	159	4,177	105	7,059	6,263
2 ...	9,719	8,238	153	280	8,671	5	16,648	13,074
3 ...	6,444	6,508	178	286	6,972	162	13,195	10,839
4 ...	20,499	14,649	341	530	15,520	2,093	29,611	20,700
5 ...	10,503	6,587	172	177	6,936	2,335	17,105	11,106
6 ...	8,057	5,629	203	314	6,146	285	11,919	8,387
7 ...	18,894	20,315	261	629	21,205	397	26,318	25,402
8 ...	8,407	7,522	188	656	8,366	740	13,166	11,885
9 ...	10,906	10,541	196	110	10,847	1,294	22,009	18,532
10 ...	7,336	3,555	79	24	3,658	2	10,995	6,167
11 ...	12,751	10,420	431	406	11,257	796	21,821	16,959
12 ...	10,878	10,543	347	285	11,175	1,352	19,277	15,560
13 ...	6,328	5,153	70	77	5,300	605	10,018	7,793
14 ...	6,472	11,215	223	176	11,614	2,528	19,101	16,596
15 ...	13,343	13,324	852	330	14,506	3,673	21,943	19,834
16 ...	5,688	12,573	365	355	13,293	4,447	20,185	18,083
17 ...	8,679	7,630	129	592	8,351	1,016	15,229	13,168
TOTAL—Administrative County	168,557	158,270	4,338	5,386	167,994	21,835	295,599	240,348

The above figures represent a tremendous increase in work done as compared with the previous year when rather less than 64,000 vaccinations were completed and no reinforcement injections were given. The demand for vaccination in 1958 taxed most of the divisional staffs to capacity and, in some cases, beyond, thereby upsetting established programmes of, for example, school-age reinforcement of diphtheria immunisation and routine school medical inspection. On balance, however, the totals for the Administrative County as a whole show that the rate of primary vaccination virtually equalled the rate of registration. Turning to a consideration of the cumulative totals from the inception of the scheme to the 31st December, 1958, in only three health divisions did the completed primary vaccinations amount to less than 70 per cent. of the registrations whilst in 10 divisions they represented more than 80 per cent. and in three more than 90 per cent. The corresponding proportion for the whole Administrative County was 81 per cent.

In the following analysis for the Administrative County the vaccinations of persons born prior to the approved period but belonging to the special categories designated by the Ministry are shown separately. As stated earlier the approved period was extended early in September to include the years 1933–42, so that the figures for this group relate only to work done in the last two or three months of the year and include details of persons who, regardless of the extended age group, were still eligible for vaccination by virtue of belonging to one of the special categories.

	Work done during 1958			Position at 31st December, 1958		
	No. registered	No. vaccinated	No. given 3rd injection	Total registered	Total vaccinated	Total given 3rd injection
Children born 1943–58 ...	152,796	158,270	21,709	279,490	230,598	21,709
Persons born 1933–42 ...	9,124	*4,491	42	9,124	*4,491	42
Expectant mothers ...	4,165	3,715	84	4,311	3,715	84
General practitioners and their families ...	450	471		625	497	
Ambulance staff and their families ...	291	293		293	293	
Hospital staff, medical students and their families ...	1,390	439		1,415	439	
Others ...	341	315		341	315	
TOTAL ...	168,557	167,994	21,835	295,599	240,348	21,835

* Includes the following, vaccinated September to December, 1958—expectant mothers, 623; general practitioners and families, 11; ambulance staff and families, 41; hospital staff, medical students and families, 44.

Of the 55,251 registered persons still awaiting vaccination at the end of the year 19,651 had been given their first injection so that, of all persons registered, only 12 per cent. had not received any injections. On the other hand, only seven per cent. had been given the third or reinforcement injection. Indeed, whilst the above figures are descriptive of good progress made during a busy year they are also indicative of continuing greatly increased pressure upon staff and facilities to be encountered during 1959. Discounting all 1959 registrations those analysed in the above statement alone will involve in 1959 some 360,000 injections to complete the programme of three injections—approximately the same number as was given throughout the whole of the year under report.

After due allowance for area of residence of the children vaccinated in the Administrative County area and of County children vaccinated in other local health authority areas, and for any deaths or removals of residence known to have occurred subsequent to vaccination, the records show that of all children under 15 years of age living in the County area at the 31st December, 1958, 45·9 per cent. had been protected as compared with 15·8 per cent. a year earlier. The corresponding proportions for the constituent pre-school and school-age groups were respectively 37·2 per cent. and 50·1 per cent. as compared with 10·5 and 18·0 per cent. respectively at the end of 1957. The index of 50·1 per cent. for the school-age group was, in fact, appreciably higher than the 43·3 per cent. recorded for the same group in relation to diphtheria immunisation (see following section), although there can be little doubt that the latter would have been above its present level if the school-age reinforcement programme had remained unaffected by the urgent priority given to poliomyelitis vaccination.

IMMUNISATION

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions, arranged by the respective divisional medical officers, are held periodically at child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice. At the 31st December, 1958, the number of general practitioners who were taking part in the arrangements for immunisation was 1,018. Whilst practitioners are themselves able to obtain prophylactics by individual prescriptions through chemists (*i.e.*, under Part IV of the National Health Service Act), 275 obtained supplies during 1958 through the divisional medical officers.

The scheme of immunisation lays upon the health visitors the duty of securing the presentation of as many infants as possible for primary immunisation before their first birthday—ideally at the age of three or four months for the pertussis, the combined and the triple prophylactics and some three months later for the diphtheria—and for reinforcement injections as required until school age is attained. Arrangements exist whereby systematic provision is made for administering further reinforcement injections as necessary during the period of school life.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups who completed a full course of primary immunisation or were given a reinforcement injection in the Administrative County area during 1958.

Antigen used	Primary immunisations						Reinforcement injections				
	Age at date of final injection						Age group				
	Under 5 years				5—14 years incl.	Total 0—14 years	Under 5 years	5—14 years incl.			Total 0—14 years
	0—	1—	2—	Total				5—	10—	Total	
Diphtheria only ...	529	212	352	1,093	2,128	3,221	1,003	10,163	5,817	15,980	16,983
Whooping cough only ...	145	32	42	219	19	238	7	7	2	9	16
Diphtheria and whooping cough (combined) ...	3,869	1,009	385	5,263	116	5,379	299	604	37	641	940
Diphtheria, whooping cough and tetanus (combined) ...	14,038	2,938	972	17,948	386	18,334	595	551	104	655	1,250
Diphtheria and tetanus (combined)	3	8	21	32	44	76	4	14	4	18	22
Tetanus only ...	—	—	1	1	4	5	—	—	—	—	—

Although the decline in the use for primary immunisation of all antigens except the combined one affording protection against diphtheria, whooping cough and tetanus was continued to a very small degree in 1958, there was again an appreciable increase—by 2,487—in the number of children immunised with the triple antigen. The effect of this continued concentration upon the one type of antigen was that an increase of 2,235 primary immunisations with all forms of antigen as compared with 1957 provided protection against diphtheria for 2,328 more children, against whooping cough for 2,256 more and against tetanus for 2,487 more. Of the infants under one year of age receiving primary immunisation less than four per cent. had other than the combined diphtheria/whooping cough or the triple antigen.

The following table shows the relationship between the total numbers of immunisations performed with the various antigens during 1958 as to those undertaken (a) at County Council clinics, either by general practitioners on behalf of the local health authority or by the County Council's own medical staff, and (b) by general practitioners in the course of their private practice.

Antigen used		At clinics						By general practi- tioners in course of private practice			Total		
		By divisional medical staff			By general practi- tioners on sessional basis			0— years	5— years	15 years and over	0— years	5— years	15 years and over
		0— years	5— years	15 years and over	0— years	5— years	15 years and over						
Diphtheria only ...	P	536	1,879	1	26	43	—	531	206	114	1,093	2,128	115
	R	832	14,167	157	46	1,211	—	125	602	33	1,003	15,980	190
Whooping cough ...	P	105	9	—	2	1	—	112	9	—	219	19	—
only	R	2	3	—	—	—	—	5	6	—	7	9	—
Diphtheria and ...	P	2,973	53	—	291	4	—	1,999	59	1	5,263	116	1
whooping cough (combined)	R	156	356	—	4	2	—	139	283	2	299	641	2
Diphtheria, whoop- ing cough and	P	11,073	200	1	929	35	—	5,946	151	23	17,948	386	24
tetanus (combined)	R	259	318	2	55	4	—	281	333	6	595	655	8
Diphtheria and ...	P	31	43	—	—	—	—	1	1	—	32	44	—
tetanus (combined)	R	4	17	—	—	—	—	—	1	—	4	18	—
Tetanus only ...	P	1	4	—	—	—	—	—	—	—	1	4	—
	R	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ...	P	14,719	2,188	2	1,248	83	—	8,589	426	138	24,556	2,697	140
	R	1,253	14,861	159	105	1,217	—	550	1,225	41	1,908	17,303	200

P—Primary immunisation (complete course).

R—Reinforcement injection.

As the numbers of individuals afforded protection against the specific diseases are not readily ascertainable from the foregoing tables, the following paragraphs deal separately and in more detail with immunisation against each disease regardless of the type of antigen used.

Immunisation against Diphtheria.—Below are given particulars of the numbers of children in each health division and in the Administrative County as a whole who (a) completed a full course of primary immunisation against diphtheria and (b) were given a reinforcement injection against diphtheria during the year ended 31st December, 1958, regardless of whether the antigen used was one specifically and solely for that purpose or one of the “combined” preparations also affording protection against whooping cough and/or tetanus. The corresponding County totals for each of the five previous years are also shown. Any necessary adjustments have been made to all totals so as to take into account all record cards received by the 31st May, 1959, in respect of both primary immunisations and reinforcement injections performed in the years shown.

Diphtheria Immunisation

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1958										No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st Dec., 1958			
	Age at date of final injection										Age group			
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5–14 years incl.		0—	5—	10—	Total 0–14 years incl.
1 ...	381	59	7	6	7	460	13	4	17		139	59	10	208
2 ...	897	302	49	20	19	1,287	60	15	75		126	957	930	2,013
3 ...	993	182	29	11	14	1,229	146	65	211		28	570	490	1,088
4 ...	1,438	385	57	26	32	1,938	232	205	437		215	1,074	1,119	2,408
5 ...	954	286	42	27	26	1,335	53	11	64		37	386	15	438
6 ...	675	131	29	11	9	855	6	—	6		68	235	42	345
7 ...	1,539	362	68	38	23	2,030	50	76	126		19	140	191	350
8 ...	1,096	100	20	19	22	1,257	112	15	127		92	962	297	1,351
9 ...	2,001	480	128	79	65	2,753	536	77	613		93	2,019	153	2,265
10 ...	790	149	17	8	6	970	34	35	69		85	351	1	437
11 ...	1,588	305	55	15	27	1,990	105	15	120		171	845	358	1,374
12 ...	1,211	217	56	21	24	1,529	88	14	102		212	716	453	1,381
13 ...	599	92	26	13	19	749	80	22	102		64	553	394	1,011
14 ...	1,117	295	71	42	81	1,606	304	85	389		126	925	947	1,998
15 ...	1,280	333	57	32	44	1,746	94	24	118		226	706	242	1,174
16 ...	960	192	48	22	9	1,231	33	1	34		105	394	210	709
17 ...	920	297	102	29	23	1,371	57	7	64		95	440	110	645
Administrative County—														
1958 ...	18,439	4,167	861	419	450	24,336	2,003	671	2,674		1,901	11,332	5,962	19,195
1957 ...	16,440	4,307	778	427	412	22,364	1,848	470	2,318		1,902	11,794	5,369	19,065
1956 ...	14,415	4,876	1,067	592	520	21,470	2,422	691	3,113		2,113	14,374	6,428	22,915
1955 ...	12,735	6,019	1,243	684	724	21,405	3,014	563	3,577		2,260	16,330	6,313	24,903
1954 ...	11,749	6,788	1,254	673	687	21,151	3,077	849	3,926		1,982	15,228	6,591	23,801
1953 ...	11,032	5,927	1,064	646	654	19,323	3,099	665	3,764		1,990	18,265	6,601	26,856

In 1958, as in the previous year, the only significant improvement was to be found in the numbers of infants under one year of age receiving primary immunisation and, in consequence of the combined antigens now favoured, such improvement can be expected so long as the demand for protection against whooping cough at the age at which it is most needed and most effective continues to increase. The rate of reinforcement of protection to children on entry to school continued to be unsatisfactory but, as mentioned earlier in the section relating to vaccination against poliomyelitis, this was adversely affected by the need to concentrate the available resources upon the more urgent task of vaccinating the child population against poliomyelitis.

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.—Individual immunity tends to wane with the passage of time and for this reason it is not only necessary to ascertain the number of children who have at some time received protective inoculation but, what is more important, the proportion of children in any age group who have had a course of immunisation (whether “primary” or “booster”) *within the last five years*—a measure which, whilst not precise, does at least provide a straightforward index of the immunity to diphtheria in the child population.

The table below, therefore, shows the number of children under 15 years of age at the 31st December, 1958, who had completed a course of immunisation at any time before that date (*i.e.*, at any time since 1st January, 1944) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. Additionally, by expressing the number in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1958, as a percentage of the population in that age group, an immunity index is provided.

Immunisation State of Child Population at 31st December, 1958.

Number of children at 31st December, 1958, who had completed a course of immunisation at any time before that date (<i>i.e.</i> , at any time since 1st January, 1944)					
Age at 31st December, 1958 ... <i>i.e.</i> , born in year ...	Under 1 1958	1-4 1957-54	5-9 1953-49	10-14 1948-44	Under 15 Total
Last complete course of injections (whether primary or booster)—					
A.—1954-58 ...	7,596	77,024	85,344	55,539	225,503
B.—1953 or earlier ...	—	—	48,779	90,501	139,280
C.—Estimated mid-year child population ...	33,400	121,400	325,600		480,400
Immunity Index : 100 $\frac{A}{C}$...	22.7	63.4	43.3		46.9

From the above it will be seen that of a total child population of 480,400, 225,503 or 46.9 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1958, and may, therefore, be regarded as possessing a high degree of immunity. Additionally 139,280 children between the ages of five and 15 years, or 29.0 per cent. of the total child population, had at some time prior to 1954 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

In the statement below, which covers the last five years, the number of children under 15 years of age at the 31st December in each year who had completed a course of injections (primary or booster) during the previous five years are given together with the comparable immunity indices :—

At 31st December		No. of children	Estimated mid-year population	Immunity index (per cent.)
Age (in years)	Year			
Under 1	1954	2,984	28,920	10.3
	1955	4,117	28,900	14.2
	1956	4,728	30,600	15.5
	1957	5,767	31,900	18.1
	1958	7,596	33,400	22.7
1-4	1954	78,760	119,080	66.1
	1955	74,680	117,400	63.6
	1956	71,779	116,700	61.5
	1957	74,060	118,600	62.4
	1958	77,024	121,400	63.4
5-14	1954	138,307	304,000	45.5
	1955	145,071	310,100	46.8
	1956	145,113	316,600	45.8
	1957	142,888	321,500	44.4
	1958	140,883	325,600	43.3
Total under 15 years	1954	220,051	452,000	48.7
	1955	223,868	456,400	49.1
	1956	221,620	463,900	47.8
	1957	222,715	472,000	47.2
	1958	225,503	480,400	46.9

The success or otherwise of an immunisation campaign must rest largely on attaining the protection of a high proportion of children at the earliest possible age, with a continuation of the acquired immunity by means of subsequent reinforcement injections during school life. Whilst the near elimination of the disease has rendered more difficult the attainment of that objective, it is encouraging to see that although the proportion in the infant group is still below the desired level it has nevertheless shown a marked increase over the last few years.

In considering the index for this group, however, it must be borne in mind that, of the infants aged less than one year on a specific date, only a certain proportion can have been eligible to receive a complete course of injections during the preceding 12 months, the remainder being too young. When only the diphtheria antigen was used this proportion was roughly one-third, primary immunisations normally being performed at the age of about eight months so that the index as an indication of the percentage immunised—not of the child population under one year as a whole but of those actually eligible—would be much greater, *e.g.*, that for 1954 would be roughly 31 per cent. The introduction from the 1st April, 1955, of the use of combined antigens, which may be administered at as early an age as three months, increased the potential field for immunisations against diphtheria amongst infants under one year of age to roughly two-thirds of such infants and the application of the numbers immunised to such an eligible population would produce indices for 1956, 1957 and 1958 of 23·2, 27·1 and 34·1 per cent. respectively.

Some improvement has been apparent, too, during the last two years in the index relative to children in the 1—4 years group, but that appertaining to children of school age—the largest group of all—has continued to fall somewhat with the result that rather less than half of the children under 15 years of age can be considered to be at the present time in a satisfactorily immunised state.

DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.—The table following shows by age groups and in relation to immunisation the numbers of notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1958 and each of the previous five years.

Diphtheria Notifications and Deaths in relation to Immunisation, 1953–1958.

Notifications						Age (in years)		Deaths					
1953	1954	1955	1956	1957	1958			1953	1954	1955	1956	1957	1958
—	1	—	—	—	—	C	Under 1	D	—	—	—	—	—
—	—	—	—	—	—	I		I	—	—	—	—	—
5	5	3	1	—	—	C	1—4	D	1	—	—	—	—
—	1	1	—	—	—	I		I	—	—	—	—	—
3	7	8	—	—	1	C	5—9	D	1	—	—	—	1
1	2	—	—	—	—	I		I	—	—	—	—	—
6	—	1	1	1	—	C	10—14	D	—	—	—	—	—
3	—	1	1	—	—	I		I	—	—	—	—	—
14	13	12	2	1	1	C	Total under 15 years	D	2	—	—	—	1
4	3	2	1	—	—	I		I	—	—	—	—	—

C—No. of cases notified. D—No. of deaths.

I—No. of instances in figure above in which the child had completed a full course of immunisation.

As in the previous year only one case of diphtheria was notified during 1958, that of a school child who had not been immunised. Unfortunately the case proved fatal—the first death from diphtheria since 1953.

Immunisation against Whooping Cough.—The following table gives particulars of the numbers of children in each health division and in the Administrative County as a whole who during 1958 completed a full course of primary immunisation against whooping cough or were given a reinforcement injection, regardless of whether the antigen was one solely for that purpose or one of the combined preparations also affording protection against diphtheria or against diphtheria and tetanus. The corresponding County totals for the period from 1st April to 31st December, 1955, and for 1956 and 1957, are also given. The figures take into account all record cards received by the 31st May, 1959.

Whooping Cough Immunisation

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1958										No. of children who were given a reinforce- ment injection (<i>i.e.</i> , subsequent to complete course) during the year ended 31st December, 1958			
	Age at date of final injection										Age group			
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5–14 years incl.		0—	5—	10—	Total 0–14 years incl.
1 ...	380	58	7	6	6	457	10	2	12		134	34	7	175
2 ...	896	295	50	20	17	1,278	24	2	26		45	171	25	241
3 ...	968	181	28	11	13	1,201	19	1	20		12	116	35	163
4 ...	1,430	373	55	20	21	1,899	39	35	74		156	159	44	359
5 ...	861	268	38	23	16	1,206	17	2	19		12	28	1	41
6 ...	663	127	27	9	7	833	4	—	4		32	43	2	77
7 ...	1,509	340	68	32	20	1,969	26	7	33		8	32	8	48
8 ...	1,088	99	20	19	15	1,241	34	2	36		4	6	—	10
9 ...	1,969	447	112	63	51	2,642	44	4	48		76	52	4	132
10 ...	785	148	17	8	6	964	22	—	22		66	153	1	220
11 ...	1,573	300	49	9	8	1,939	21	2	23		34	80	4	118
12 ...	1,176	214	51	18	20	1,479	42	4	46		149	36	2	187
13 ...	586	90	24	11	11	722	18	—	18		4	21	—	25
14 ...	1,053	259	62	33	26	1,433	49	5	54		12	21	6	39
15 ...	1,268	327	45	21	9	1,670	30	15	45		21	61	1	83
16 ...	950	177	41	19	6	1,193	12	—	12		59	50	1	110
17 ...	897	276	89	26	16	1,304	29	—	29		77	99	2	178
Administrative County—														
1958... ..	18,052	3,979	783	348	268	23,430	440	81	521		901	1,162	143	2,206
1957... ..	15,877	4,020	676	391	243	21,207	430	58	488		558	1,032	108	1,698
1956... ..	13,678	4,459	1,018	587	359	20,101	460	60	520		476	933	110	1,519
1955... .. (from 1st April)	8,529	3,961	856	500	358	14,204	379	56	435		272	668	324	1,264

Whilst the above figures of primary immunisations performed in 1958 again reflect a considerable improvement, those relating to reinforcement injections suggest that few parents of those children immunised in the first year of operation of the County Council scheme have sought to have the protection reinforced at the appropriate time prior to the attainment of school age.

WHOOPING COUGH IMMUNISATION IN RELATION TO CHILD POPULATION.—The following table, similar to that given earlier in respect of diphtheria immunisation, shows the number of children under five years of age at the 31st December, 1958, who had completed a course of immunisation against whooping cough at any time before that date, classified by annual age groups as to those having had the course or a reinforcement injection within the three preceding years (and thereby considered to be in a satisfactory state of immunity) and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. By expressing the numbers in the former classification as a percentage of the estimated population in the corresponding age group an immunity index is provided.

Number of children under five years of age at 31st December, 1958, who had completed a course of immunisation at any time before that date (i.e., at any time since 1st January, 1954)

Age at 31st December, 1958 ... i.e., born in year ...	Under 1 1958	1— 1957	2— 1956	3— 1955	4 but under 5 1954	Under 5 Total
Last complete course of injections (whether primary or booster) given in period—						
X.—1956–58 ...	6,940	18,459	19,012	12,538	3,100	60,049
Y.—1954–55 ...	—	—	—	4,726	9,864	14,590
Z.—Estimated mid-year child population ...	33,400	121,400				154,800
Immunity Index, 100 $\frac{X}{Z}$	20.8	43.7				38.8

The corresponding indices at the end of 1957 were respectively 17.4, 38.9 and 34.3 per cent. In regard to the index generally, it must be added that many immunisations against whooping cough were undoubtedly performed by general practitioners prior to the institution of the County Council scheme on the 1st April, 1955, in respect of which no record was supplied to the local health authority. A further year or two must therefore elapse before the indices for the two larger age groups can be said to be at least as accurate and reliable as those quoted earlier for diphtheria immunisation.

WHOOPING COUGH NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION.—The following table shows by annual age groups the number of notifications of, and deaths from, whooping cough amongst children under five years of age during the year ended 31st December, 1958, in relation to immunisation. For comparative purposes the corresponding figures are given for each of the three previous years. It is particularly pleasing to report that this is the first year in which there was no death from whooping cough, either amongst children under five or at any age.

Notifications					Age (in years)		Deaths			
1955	1956	1957	1958				1955	1956	1957	1958
303	446	274	128	C	Under 1	D	2	4	2	—
20	26	28	8	I		I	—	—	—	—
422	521	352	144	C	1—	D	—	1	1	—
48	84	73	19	I		I	—	—	—	—
491	639	392	191	C	2—	D	2	—	—	—
25	91	76	39	I		I	—	—	—	—
544	828	405	172	C	3—	D	—	—	—	—
17	68	44	21	I		I	—	—	—	—
502	825	461	184	C	4 but under 5	D	—	—	—	—
12	45	43	29	I		I	—	—	—	—
2,262	3,259	1,884	819	C	Total under 5 years	D	4	5	3	—
122	314	264	116	I		I	—	—	—	—

C—No. of cases notified. D—No. of deaths.

I—No. of instances included in preceding column in which child had completed a full course of immunisation.

In relation to the estimated population of children under five years of age at risk, the notifications during 1958 represent an incidence of whooping cough roughly five-and-a-half times heavier amongst those who have not been immunised than amongst those who have at some time received such protection.

Immunisation against Tetanus.—Provision for protection against tetanus is included in the County Council's immunisation scheme but in practice it is rarely demanded except as an incidental to protection against either diphtheria or both whooping cough and diphtheria. A statement of the numbers of immunisations performed with the antigens incorporating protection against tetanus is given earlier in this section of the Report. In all, 18,415 children under 15 years of age were so immunised, 14,041 of them being infants aged less than one year and all but 434 being of pre-school age. In addition, 1,272 reinforcement injections were given.

AMBULANCE SERVICE

Radio Communication Scheme.—It has been previously reported that radio communication was brought into full operational use in radio area No. 1 towards the end of 1956, in radio area No. 4 on the 1st January, 1957, and in radio area No. 5 on the 17th February, 1957. Whilst the transmitter stations and control centres in radio areas Nos. 2 and 3 were complete, the lack of the necessary mobile equipment prevented further progress in these areas during 1958. Delivery of additional equipment commenced, however, during the latter part of the year as a result of which the introduction of radio control in areas Nos. 2 and 3 was commenced in January, 1959.

Details of the five radio areas, together with the location of the transmitter sites and control centres, are reproduced in the table below :—

Radio Area No.	Health divisions covered	Fixed remote station site	Control centre
1 ...	Parts of Divisions 1 and 2, plus the whole of 3 and 4	... Barnacre ...	... Broughton House.
2 ...	Divisions 5 and 6 and parts of 12 and 13	... Hameldon ...	... Accrington.
3 ...	Divisions 7, 8, 9 and 10 ...	... Billinge Beacon	... Whiston.
4 ...	Divisions 11, 15 and 16 ...	... Winter Hill ...	... Swinton.
5 ...	Divisions 14, 17 and parts of 12 and 13	... Hebers ...	... Radcliffe.

The original approval of the Ministry to the purchase of radio equipment related to 150 mobile sets and installation parts for 193 vehicles and consent was later obtained to the purchase of an additional 59 mobile radio sets and 70 sets of installation parts. The order for the additional equipment was placed in April, 1958, delivery being completed early in January, 1959.

As stated in the previous report the G.P.O. had originally allocated three frequency channels for use in the five separate radio control areas which meant of necessity that two channels would each have to be shared by two control areas. Following the discovery that the degree of interference in certain districts seriously affected operational efficiency, negotiations took place with the G.P.O. with a view to the allocation to the County ambulance service of two additional frequency channels. A fourth channel was allocated in July, 1957, but negotiations for a fifth channel proved to be unduly protracted and it was not until April, 1958, that the G.P.O. granted the use of a fifth channel enabling each radio area to operate on a separate frequency.

As a result of the allocation of two additional frequency channels to the ambulance service, the 150 mobile sets already in use which had been built to a three-channel specification required adaptation for five-channel operation and this work was undertaken by the County Police wireless section during the year under report. As regards the 59 additional sets referred to above the order on the manufacturers had been withheld pending the outcome of the negotiations with the G.P.O. and this enabled the necessary technical modifications to be embodied during production.

Effect of Radio Control.—The primary aim of radio control is to produce a higher degree of efficiency and thus a better standard of service for the patient. At the same time there is no doubt that radio communication contributes towards financial savings. Although up to the end of 1958 it had only been possible to implement the radio scheme fully in three of the five radio areas, considerable savings in staff wages and vehicle mileages as well as certain economies in indirect expenditure had become apparent. The full economic effects of radio control will not be felt, however, until the five radio areas are fully operative, involving the closure of additional stations, and certain adjustments in regard to the manning of a small number of other stations are made.

Ground Communications.—**PRIVATE TELEPHONE NETWORK.**—The private telephone network has continued to facilitate speedy contact between the various County ambulance stations. The installation, in the near future, of " hunting " equipment at each control centre will further increase efficiency in respect of calls made by outlying stations to control centres. This system ensures that, should the dialled number be engaged, the " hunting " system will select any disengaged number automatically, thus obviating the need for the caller to re-dial an alternative number.

TELEPHONE RECEPTION CENTRES.—Further progress was made in reducing the number of stations receiving telephone calls from outside the service in order to minimise delay in dealing with messages from the public. During the year it was found possible to discontinue the telephone watch at the St. Annes, Heywood and Middleton ambulance stations.

Emergency " 999 " calls continued to be channelled, wherever possible, to one or other of the radio control centres.

COMMUNICATION WITH HOSPITALS.—The Health Committee, in February, 1957, authorised the installation of further private telephone lines from selected stations to local hospitals in order to expedite communication and achieve economy. Since that date two private lines have been installed and a further two are in process of installation.

Agency Arrangements.—Whilst in the interests of efficiency and economy a direct service is provided wherever practicable, the following parts of the Administrative County were, at the 31st December, 1958, still served by agency agreements with the authorities indicated :—

Agency	Area served	Estimated population, 1958
Westmorland C.C.	... Ulverston R.D. (part)—(Skelwith ; Hawkshead ; Claife)	1,290
Blackburn C.B.C.	... Blackburn R.D. (part)—(Livesey ; Pleasington ; Mellor ; Ramsgreave ; Balderstone ; Osbaldeston ; Clayton-le-Dale ; Salesbury ; Wilpshire ; Dinckley) ... Preston R.D. (part)—Samlesbury (part) ...	8,960
Burnley C.B.C. (Emergency service only)	... Burnley R. D. (part)—(Worsthorne ; Cliviger ; Haberg-ham Eaves ; Dunnockshaw) ...	—
Warrington C.B.C.	... Warrington R.D. (part)—(Penketh ; Great Sankey ; Burtonwood (part) ; Winwick (part) ; Croft ; Poulton-with-Fearnhead ; Woolston ; Rixton-with-Glazebrook) ...	28,940
Bolton C.B.C. ...	... Turton U.D. ...	11,620

In addition, agency arrangements with taxi firms were in operation at Clitheroe and Darwen.

Vehicles.—In addition to control of the fleet of ambulances, dual-purpose and sitting-case cars, the ambulance service is also responsible for the vehicles operated by other services administered by the health department, *i.e.* nursing, domiciliary midwifery, welfare, health education and civil defence.

At the 31st December, 1958, 447 vehicles were operated by the Health Department, of which 287 belonged to the ambulance service fleet comprising the following types of vehicle :—

Ambulances.

Ambulances equipped with two stretchers, one fixed and one collapsible	... 145
Miscellaneous ambulances transferred to the County Council in 1948	... 4
Long-distance ambulances	... 4

Dual-purpose Vehicles.

Standard type ambulances modified by the removal of the main stretcher and the fitting of four seats making the vehicle capable of carrying either eight sitting cases or four sitting cases and one patient on the collapsible stretcher	13
Twelve-seater dual-purpose vehicles capable, if required, of adaptation to carry two stretcher cases	9
Eight-seater dual-purpose vehicles capable, if required, of adaptation to carry one stretcher case	30

Sitting-case Vehicles.

Four-seater utility type vehicles (55 equipped to carry a stretcher)	76
--	----

Miscellaneous Vehicles.

Vehicles withdrawn from service pending disposal	4
Other vehicles	2
TOTAL	287

The ambulances now have an average age of 8.4 years and have covered mileages varying between 48,000 and 207,000. The dual purpose vehicles have an average age of 1.3 years and mileages varying between 500 and 61,000, whilst sitting case cars have an average age of 5.2 years and mileages varying between 11,000 and 202,000.

NEW VEHICLES.—During 1958 delivery was taken of 20 new four-seater estate cars and 18 eight-seater dual purpose vehicles, these being the greater part of an order placed in December, 1957.

The favourable initial impression gained of the eight-seaters has been maintained and they are proving to be an extremely useful type of vehicle, especially from the point of view of accessibility and economy.

Late in the year consideration was given to the provision of a replacement programme for the older ambulances and the remainder of the original estate car fleet, and it is hoped that in 1959 the delivery of new ambulances will enable many of the existing ambulances over ten years of age to be withdrawn from service.

DISPOSAL OF VEHICLES.—The delivery of 38 new sitting case vehicles removed much of the concern which had been felt about some of the older estate cars and enabled 26 to be withdrawn from service during the year. They were disposed of by sale at public auctions.

MAINTENANCE AND REPAIR OF VEHICLES.—Ambulance vehicles are maintained and repaired by the Central Vehicle Maintenance Unit workshops and mobile service vans under the control of the Chief Fire Officer. Daily and weekly servicing routines are carried out by ambulance personnel, the schedules including minor checks and adjustments, cleaning and greasing.

The Central Vehicle Maintenance Unit workshops, in addition to carrying out routine maintenance and repairs, are fully equipped to undertake all types of work from body repairs to engine reconditioning and also carry out modifications and improvements to vehicles and equipment as may be found necessary.

VEHICLE MILEAGES.—For the third successive year the gross mileage covered by ambulance vehicles showed a decrease. The total for 1958 for all vehicles was 4,340,547, a decrease of 123,522 or 2·8 per cent. as compared with 1957. The following table shows the gross mileages covered annually by ambulance vehicles since 1948 :—

Year	Total annual mileage				
	Ambulances	Dual-purpose vehicles	Sitting-case cars	Total— all vehicles	Increase or decrease on previous year (per cent.)
1949	1,627,246	—	818,926	2,446,172	—
1950	1,979,443	—	1,320,757	3,300,200	+ 34·9
1951	2,132,561	—	1,656,913	3,789,474	+ 14·8
1952	2,171,413	—	1,722,108	3,893,521	+ 2·7
1953	2,168,699	—	1,955,101	4,123,800	+ 5·9
1954	2,317,127	—	2,115,974	4,433,101	+ 7·5
1955	2,554,196	—	2,070,117	4,624,313	+ 4·3
1956	2,671,998	—	1,936,869	4,608,867	— 0·3
1957	2,480,388	434,673	1,549,008	4,464,069	— 3·1
1958	2,359,527	660,786	1,320,234	4,340,547	— 2·8

Average mileages for each type of vehicle during 1958 were as follows :—

Class of vehicle	No. in service at 31st December, 1958	All vehicles		Average per vehicle	
		Annual mileage	Average weekly mileage	Annual mileage	Weekly mileage
Ambulances ...	153	2,359,527	45,376	15,422	297
Dual purpose vehicles	52	660,786	12,707	12,707	244
Sitting case cars ...	76	1,320,234	25,389	17,371	334
All vehicles ..	281	4,340,547	83,472	15,447	297

COUNTY OWNED HEALTH SERVICE CARS.—The saloon car fleet for the use of district nurses and midwives numbered 148 vehicles at 31st December, 1958. For the purpose of maintenance and repair they are under control of the ambulance service central administration. During 1958 the total mileage covered by the fleet was 734,312, an increase of 5,459 or 0·7 per cent. over that for the previous year.

Saloon cars are serviced and maintained by local garages and C.V.M.U. workshops. For the purpose of local garage servicing, which is carried out at fortnightly intervals, a schedule of the details requiring attention is issued to all users. At intervals of 5,000 miles and for major repairs as they are required, saloon cars are withdrawn to workshops of the C.V.M.U. for inspection, repairs or overhaul and during 1958 such withdrawals numbered 286.

No new vehicles were purchased during 1958 and the average age of the fleet rose to five-and-a-half years. A review of the fleet during the year resulted in the formulation of an annual replacement programme to commence in the financial year 1959–60.

Staff.—The following table shows the actual number of operational staff employed by the County ambulance service at the 31st December, 1958, compared with the position at the 31st December, 1956, *i.e.*, before the introduction of radio control. It will be seen that a total saving of 30 staff was achieved during this period in radio areas Nos. 1, 4 and 5, and that these areas are now only slightly above the approved radio scheme establishment. No staff savings took place in the two areas not operating radio and, in fact, there was one additional appointment in area 2 which gave a net reduction for the County as a whole of 29 men. The total personnel strength for the County at the 31st December, 1958, stood at 684 which is 35 above the establishment figure in the radio scheme. It is expected, however, that the introduction of radio control into areas Nos. 2 and 3 will effect considerable staff savings in the near future.

Radio area No.	Radio scheme establishment	Total staff at 31st December, 1956	Total staff at 31st December, 1958	Reduction in staff during 1957 and 1958
1	161	173	167	6
*2	98	112	113	+1
*3	150	160	160	—
4	116	129	119	10
5	124	139	125	14
Total Admini- strative County ..	649	713	684	29

* Radio control not in operation during 1957 and 1958.

RADIO CONTROL ROOM STAFFS.—In anticipation of the introduction of radio control into radio areas Nos. 2 and 3 the number of female control room assistants employed in each of these areas was increased to two during the year, against an establishment of three and four respectively.

The cessation, during 1958, of telephone manning at Heywood and Middleton released six persons previously employed as telephonists for other duties. The calls formerly made to these stations were redirected to the control centre at Radcliffe and it was found that, because of the increased number of calls, additional control room staff were required. The Health Committee accordingly agreed in December, 1958, that the overall establishment of eight control room staff at Radcliffe be increased to 10.

TRANSPORT OFFICERS AT HOSPITALS.—The system whereby transport officers are stationed at hospitals to co-ordinate ambulance journeys made in conveying patients to and from such hospitals was extended in 1958 by the appointment of officers to the Wigan and Ashton-under-Lyne infirmaries.

TRAINING.—The training programme remained unchanged during 1958. The conditions governing the payment of proficiency allowances are as follows :—

First-aid payment of 6s. per week.

First-aid examination to be taken biennially.

Extended training allowance of 4s. per week.

First-aid examination to be taken annually.

The examination of the Royal Life Saving Society on resuscitation to be taken annually.

Lectures on infectious diseases, co-ordination with the police and home nursing to be attended biennially.

A lecture on sudden childbirth to be attended once only.

Institute of Certified Ambulance Personnel.—Personnel are encouraged to take the courses and examinations of the Institute of Certified Ambulance Personnel and 15 members of the staff were granted financial assistance for this purpose during 1958.

Lancashire County Council Ambulance Service Corps.—St. John Ambulance Brigade.—To facilitate training in first-aid the Ambulance Service is embodied as a Corps of the St. John Ambulance Brigade. The strength of the Corps on the 31st December, 1958, was 617, comprising two corps officers, 60 divisional officers and 555 other ranks.

EFFICIENCY COMPETITION.—The eighth annual competition for the Ambulance Service Trophy for the year 1957–58 was again won by Health Division No. 3 and their very impressive record of successes in these competitions now stands at four first places and four second. The general standard of performance was, as usual, gratifyingly high.

NATIONAL SAFE DRIVING COMPETITION.—All eligible staff of the service were again entered in the National Safe Driving Competition, organised by the Royal Society for the Prevention of Accidents and of the 626 drivers entered in 1958 awards were made to 483.

Premises.—The numbers of County Ambulance stations in service at the beginning and end of the year under report are given below by operational type :—

	No. of stations at—	
	1st January, 1958	31st December, 1958
Operating—		
Full-time service with 24 hours telephone watch ...	19	18
Full-time service with part-time telephone watch	6	4
Full-time service with no telephone watch ...	14	17
Day-time service only (8 or 16 hours) with no telephone watch	14	14
TOTAL	53	53

Note.—In the above statement the long-distance service and the local service operating from ambulance service headquarters are treated as one station. In the corresponding statement in the Report for 1957 they were counted separately.

The ambulance service still require new premises in the following localities :—

Health Division No.	
1	Ulverston.
4	Leyland.
4	Chorley.
7	Crosby.
9	Kirkby.
10	Newton-le-Willows.
13	Wardle.
15	Cadishead.

Work on the Leyland and Ulverston stations commenced during the year and was well advanced at the 31st December, 1958. The opening of the new Leyland station will permit the closure of the existing stations at Leyland, Bamber Bridge and ultimately of Penwortham, and the resultant centralisation will achieve considerable economies.

The need for the new premises at Ulverston is particularly urgent inasmuch as the building at Ure Mill originally occupied by the ambulance service was condemned as unsafe in April, 1957, and since that time the service has operated from temporary accommodation leased from the Ministry of Supply.

A tender was accepted during the year for the erection of the new joint Ambulance and Fire Service premises at Crosby and building was scheduled to commence early in 1959.

Action on the proposed new premises at Kirkby, Newton-le-Willows, Wardle and Cadishead was still held up by restrictions on capital expenditure, but at the close of the year there were indications that a relaxation of these restrictions would enable progress to be made on all of these stations during the year 1959.

Special Use of Ambulance Service Vehicles.—The use of ambulance transport for special journeys (*i.e.*, journeys outside the scope of section 27 of the Act) continued during the year, and the mileage travelled, including journeys in connection with colliery accidents, was 287,874 or 6·7 per cent. of the total mileage.

The categories of special journeys remained the same as in 1957, but the total mileage run showed a substantial drop in comparison with the previous year's total of 471,416 miles. This was mainly due to the implementation of revised arrangements for the conveyance of mentally defective children to training centres. Reference was made in the previous Report to the rapid expansion in the number of training centre journeys in recent years and to the fact that alternative arrangements were being made through private contractors in order to relieve the ambulance service of all except a limited number of journeys. The new arrangements came into operation on the 1st April, 1958, and as a result the demand on the ambulance service in respect of journeys to training centres was reduced by 186,758 miles, the total mileage for 1958 being 136,901 as against a total of 323,659 miles for the previous year.

Mileages undertaken on behalf of the school health and nursing services decreased during the year under report but that relating to welfare cases continued to show an upward trend.

The following table shows the work undertaken by the ambulance service for other services of the County Council and for the National Coal Board during the past five years :—

Service	Mileage				
	1954	1955	1956	1957	1958
Mental health	198,531	251,034	280,792	323,659	136,901
Nursing	2,709	8,006	13,500	10,254	8,613
School health	20,517	25,262	26,000	34,763	26,218
Welfare	19,153	41,564	51,816	66,716	84,295
General health	—	270	—	—	—
Children's	150	115	—	—	—
Coroner's	4,804	1,300	981	494	516
TOTAL—Other County services	245,864	327,551	373,089	435,886	256,543
National Coal Board	35,404	35,980	35,378	35,530	31,331
TOTAL	281,268	363,531	408,467	471,416	287,874

Long Distance Service.—The table below gives particulars of the long distance service during 1958, together with comparative figures for the four preceding years :—

Year	Cases moved	Case mileage
1954	2,796	213,047
1955	4,363	220,632
1956	5,628	223,652
1957	4,725	224,871
1958	4,788	221,945

In addition to the above cases which were moved by ambulance service vehicles there was a further increase in the number of patients conveyed by rail, 206 being moved compared with 182 in 1957 and 124 in 1956. Of these, 181 patients were sitting cases and 25 stretcher cases. The County Council paid the fare for 36 patients and provided escorts on eight occasions.

It is gratifying to note that the use of railway transport has increased over the past few years and although this mode of travel is by no means suitable for every patient requiring transport over long distances, it is felt that there is scope for further development of this aspect of the long distance service. The responsibility for determining the method of travel is, of course, a matter for the doctor or hospital in charge of the patient.

A change in the operational organisation of the long distance service took place during the year by the transfer of a long distance ambulance from headquarters to the Heywood ambulance station. This vehicle is utilised for journeys originating in the south-eastern part of the County and has enabled savings to be effected by eliminating dead mileage in respect of cases which would otherwise have been dealt with by a vehicle from ambulance service headquarters.

Service Statistics.—During the year under review—the tenth since the inception of the National Health Service—a further decrease took place in the overall number of cases carried by the County ambulance service. The previous year, 1957, saw a fall of 3·3 per cent. in the total number of cases and was the first occasion upon which a decline had occurred ; during the year under report a further drop of 6·8 per cent. took place, the 759,503 cases transported being 55,482 less than the previous year's total.

The cases dealt with by the County ambulance service fall into three broad groups and in the table below the case totals for the past three years are analysed accordingly :—

Year	Section 27 cases			Cases chargeable to other departments of the County Council	Total cases	Total case mileage
	*Emergency	Non-urgent	Total			
1956... ..	57,164	603,261	660,425	182,193	842,618	4,537,895
1957... ..	54,051	572,703	626,754	188,231	814,985	4,416,176
1958... ..	52,695	611,052	663,747	95,756	759,503	4,289,263

*Includes National Coal Board cases.

It will be seen from the above table that the fall in the total cases during 1958 is largely attributable to a reduction in the number of cases moved by the ambulance service on behalf of other departments of the County Council. This is the outcome of a change in policy regarding the transport of mentally defective children to training centres which is referred to earlier in this section of the Report.

With regard to cases conveyed under the provisions of section 27 of the National Health Service Act, 1946, the number of emergency cases showed a decrease for the third year in succession. In all, 52,695 emergency cases were removed during the year ended 31st December, 1958, which is 2·5 per cent. fewer than in 1957.

Regarding non-urgent removals under section 27, a steady annual increase in the number of cases dealt with took place from the inception of the service in 1948 up to the year 1956, although the rate of increase diminished towards the end of this period. This trend was interrupted during the year 1957 when a fall of 30,558 cases took place in comparison with the previous year's total of 603,261. This drop in the number of cases was mainly confined to the areas of the County operating radio control and was considered to be largely due to the introduction of a stricter and more remote control of cases following the centralisation of communications under the radio scheme. It will be seen, however, that the number of non-urgent cases again increased during the year under review.

During 1958 the response to emergency calls for the County as a whole was satisfactory. The average time taken to reach the scene of an emergency from the time of receipt of the call was 8·5 minutes, the highest station average being 15·7 minutes and the lowest 5·7 minutes. Journeys to hospital averaged 24·4 minutes from the time of the call, the highest station average being 60·5 minutes and the lowest 16·9 minutes.

■ A summary of the time factor in dealing with emergency calls during the last 10 years is reproduced below. It will be noted that both the average time to reach the patient and the average time to reach hospital have remained remarkably consistent over this period and, so far as the years 1957 and 1958 are concerned, are an indication that the reductions of staff and vehicles which have taken place under the radio scheme have been effected without loss of efficiency.

Year				Number of journeys	Average time taken to reach case (mins.)	Average time taken to reach hospital (mins.)
1949	...	...	...	25,660	8·4	24·6
1950	...	...	...	31,837	7·9	24·5
1951	...	...	...	37,595	7·6	24·3
1952	...	...	...	43,288	7·6	24·0
1953	...	...	...	49,047	7·8	24·3
1954	...	...	...	52,364	8·1	24·7
1955	...	...	...	55,871	8·2	24·7
1956	...	...	...	55,758	8·3	24·7
1957	...	...	...	52,591	8·5	24·9
1958	...	...	..	51,147	8·5	24·4

The numbers of cases moved per 1,000 population during each of the last five years were as follows :—

Type of case	1954	1955	1956	1957	1958
Emergency ...	27.1	28.7	28.3	26.3	24.8
Non-urgent... ..	353.1	382.4	389.3	370.9	332.0
TOTAL ...	380.2	411.1	417.6	397.2	356.8

In the following table the patients carried are analysed proportionately according to type. Recumbent cases are those requiring a stretcher, sitting I cases are patients able to travel with the help of one attendant only and sitting II cases are those requiring the assistance of two attendants.

	Proportion (per cent.) of—		
	Emergency cases	Non-urgent cases	Total cases
Recumbent	55.6	9.3	12.4
Sitting I	34.7	74.8	72.1
Sitting II	9.7	15.9	15.5

Civil Defence.—Ambulance and Casualty Collecting Section.—The earmarking of premises for use as auxiliary civil defence stations in the event of war is almost complete. In the few areas where suitable accommodation has not yet been located, search is continuing.

Section training proceeded as usual during the year ; the full first aid training was given in accordance with the new syllabus, utilising Home Office Civil Defence First Aid Handbook No. 6. Two training courses were held at ambulance service headquarters, at which full time members of the ambulance service were trained as ambulance and casualty collecting section instructors. Eleven members of the staff obtained “ full ” certificates, enabling them to give instruction in all aspects of the syllabus, and 13 were awarded “ functional ” certificates which entitle them to instruct on certain specified sections of the syllabus only. In addition, four members of the staff attended training courses at the Home Office Civil Defence School, Falfield, Gloucestershire, two obtaining “ full ” certificates and two “ functional.” The holders of these certificates are qualified to train section instructors as well as volunteers.

Driving instruction to volunteers in the ambulance and casualty collecting section was still suspended at the end of the year pending a review of the County Council's policy on this matter.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis.—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff ; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council ; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council employ a staff of tuberculosis visitors. Primarily engaged in domiciliary visiting, these whole-time visitors work in close co-operation with the chest physicians and also devote part of their time to duties in the chest clinics of the Regional Boards. One of their important tasks is the tracing of contacts of known cases of tuberculosis and of persons who were not notified as cases of tuberculosis until after death. Contacts so found are then encouraged to attend the chest clinic for examination and in this work the personality of the tuberculosis visitor counts for much. Most contacts do attend the clinic as a result of the visitors' efforts but a small number refuse to undergo an examination. Contacts who are tuberculin negative are offered B.C.G. vaccination and children and adolescents in constant contact with open cases are repeatedly examined.

The work of tuberculosis visitors has steadily increased during recent years, due mainly to the greater number of notified cases on the registers and the tendency for more cases to remain at home for treatment, thus increasing the number of home visits required. Particularly since the introduction of vaccination with B.C.G. it is important that the follow-up of contacts of new cases should be as complete as possible and this work is very time consuming. At the end of 1958 the establishment of tuberculosis visitors was 42.

It is the policy of the Regional Hospital Boards to move chest clinics to hospital out-patient departments and to employ hospital staff for the purely clinic duties. Where this is done, the tuberculosis visitors are able to devote their full time to the local health authority's duties. It is very important, however, that the tuberculosis visitors should continue to attend at the chest clinics, wherever they are held, in order to maintain full liaison and to follow up their patients adequately.

The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time in duties on behalf of the local health authority advising on the important problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's tuberculosis visiting staff.

The following statement serves to indicate the work carried out during 1958 and the previous four years on behalf of the local health authority by the chest physicians and the tuberculosis visitors :—

		Year				
		1954	1955	1956	1957	1958
(a) Chest Physicians.						
Home visits in respect of :—						
New patients and contacts	...	296	168	193	158	382
Old cases and contacts	... ..	1,067	796	667	679	606
(b) Tuberculosis Visitors.						
No. of attendances at Care Committee meetings	... ..	58	47	32	20	11
No. of lectures or addresses given	...	8	18	11	8	3
No. of attendances at chest clinic sessions	... ..	6,308	5,364	4,921	3,921	3,405
Other sessions attended, e.g., M.M.R., schools, etc. :—						
Full sessions	... ..	*	*	15	41	37
Part sessions	... ..	*	*	86	374	385
Home visits :—						
Routine visits—						
(i.) First visits to new cases	...	6,911	6,028	1,568	1,495	1,340
(ii.) First visits to new contacts	...			4,451	5,292	5,048
(iii.) Re-visits to old cases	...	54,050	59,803	47,691	54,143	51,521
(iv.) Re-visits to old contacts	...			27,078	35,860	37,638
Unclassified visits	... ..	1,511	1,858	2,105	2,143	2,604
* Not available						

The number of visits made by the visitors to tuberculous households, as distinct from the number of visits to cases as shown above, was 51,019, compared with 53,899 in 1957. In addition, during 1958, 7,111 ineffective visits were made together with 1,713 other miscellaneous visits (to National Assistance Board offices, etc.).

The tuberculosis visitors also undertook some training (in clinic work, after-care, and domiciliary visiting) of students from health visitors' training schools.

A summary of the work of the tuberculosis visitors in the respective health divisions during 1958 is given in Table 15, page 194.

In regard to tuberculosis the action and supervision of the hospital and clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the disease. A care and after-care organisation is required which will co-operate with, but not overlap, the treatment services and whose basic function will be to help solve the special problems of the tuberculous household and so relieve domestic difficulties and worry. To this end the County Council, in conjunction with other bodies, have made available the facilities summarised below :—

Extra nourishment.—The National Assistance Board may make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge and 814 cases received assistance during the year.

Extra beds and bedding.—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

Nursing equipment.—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

Medical requisites.—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills, and pillow cases.

Shelters.—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

Home help.—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination.

Rehabilitation.—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances. As a rule the patient has no earned income and so far no charge has been made to a patient for his maintenance.

Arrangements have been made with the following units :—

East Lancashire Tuberculosis Colony, Barrowmore Hall, near Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.

Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.

Enham-Alamein Village Centre, Andover, Hants.

British Legion Village, Preston Hall, Maidstone, Kent.

EMPLOYMENT OF THE TUBERCULOUS.—Ministry of Health circular 7/52 states that there need be no general bar against the placing in ordinary employment of persons with open tuberculosis, provided that the placing of the individual in the particular employment concerned is subject to medical guidance and approval. This calls for full co-operation between the patient, the disablement rehabilitation officer of the Ministry of Labour and National Service, the medical practitioner, the medical officer of health, the chest physician and the employer. Some employers are very helpful in actively co-operating with medical officers to find suitable work for tuberculous subjects in a position in which they are not a danger to others.

Under the Tuberculosis Regulations notifications of cases are confidential and no action or enquiry may be undertaken regarding a patient and his employment which would cause a breach of this confidence. This protection, although safeguarding the patient's interests to some extent, if not waived by the patient concerned may impede or preclude investigation into his conditions of employment and contact with other employees. Under these circumstances it would be difficult to introduce preventive measures in the patient's place of work ; such information as would be available to guide the medical officer would come from the patient himself and in his anxiety for his future security the patient may not be inclined to offer a full and accurate picture.

VOLUNTARY CARE COMMITTEES.—Voluntary Care Committees are still functioning in some areas and perform a very valuable and important work, but as most of the services for which grants were hitherto made are now taken over by the Assistance Board, Regional Hospital Boards and local health authorities, *e.g.*, financial assistance, clothing and extra nourishment, the County Council grants to the Voluntary Care Committees ceased at the end of the financial year 1949-50.

NON-NOTIFIED FATAL CASES.—One of the most serious matters in relation to the prevention of tuberculosis is the problem of the non-notified case which is discovered only at death. Unfortunately, as such cases only come to the notice of the medical officer of health on the receipt of a death certificate, it is obvious that no steps can have been taken in such instances to minimise the risk of the spread of infection and this is without doubt a serious matter, particularly as regards members of the family of the deceased who must have been in close contact with the case during life and who often appear to be comparatively healthy.

The importance of this problem can be gauged from the fact that during the last five years an average of slightly over 20 per cent. of the total fatalities from tuberculosis have occurred in patients who had not been notified as such during life. The percentage in 1958 was 19.3. Further reference to this matter is made in the section of this report on "Infectious and Other Notifiable Diseases."

It is essential for the prevention of tuberculosis that such cases should not escape notification, but to overcome this is far from easy. It is apparent that some cases ascertained by hospital medical staffs are remaining unnotified, either through insufficient regard for the statutory requirement or, no doubt in some instances, through consultant, resident medical officer and general practitioner leaving the duty to one another. In addition there is still a natural reluctance on the part of many persons

infected with tubercle to disclose the fact or, if doubtful, to ascertain the truth by medical examination and thus place themselves in the hands of the authorities for treatment or the application of measures designed to ensure the protection of other members of the community. Mass radiography has, to some extent, assisted in ascertaining additional and perhaps unsuspected cases but here again the individual infected with tubercle who is averse to disclosure of the fact would be unlikely to avail himself of mass radiography. There is, therefore, undoubtedly a very real need of health education activities to get over to each individual a full appreciation of his or her moral responsibility to the community at large.

MASS RADIOGRAPHY.—Mass radiography units operated by the Manchester and Liverpool Regional Hospital Boards have visited a number of districts both in the County area and in County Boroughs at which County residents have been able to attend.

When necessary divisional medical officers avail themselves of the assistance of a radiography unit in making a survey of a school where an active case of pulmonary tuberculosis has been discovered.

DETECTION OF EARLY CASES.—Some early cases come to light as a result of mass radiography examinations and others are found as a result of examination of contacts of known cases. Tuberculin testing of school entrants was continued during the year in some parts of the County and any children found to give a positive reaction were followed up in order to try to find the source of the infection.

VACCINATION AGAINST TUBERCULOSIS.—*Contacts.*—Since 1949 B.C.G. vaccinations of suitable contacts of cases of tuberculous infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the numbers of persons examined and tested for suitability for B.C.G. vaccination and the numbers actually vaccinated during the last five years :—

	1954	1955	1956	1957	1958
Number of persons tested for suitability for B.C.G. vaccination ...	3,237	2,503	2,836	2,760	3,282
Number of persons vaccinated ...	1,281	1,306	1,664	1,817	2,271

School children.—The County Council's proposals under section 28 of the National Health Service Act provide for the B.C.G. vaccination of those school children between their thirteenth and fourteenth birthdays who were shown as a result of a tuberculin test to be suitable and whose parents consented to the vaccination. Re-examinations subject to parental consent, are carried out after an interval of 12 months.

The majority of the medical officers employed by the County Council have now received training in the technique of B.C.G. vaccination and during 1958 the scheme was further extended, though shortage of staff prevented it in some areas.

The following table summarises the results of B.C.G. vaccination programmes completed during 1958 and the previous two years.

Primary Vaccinations.

Year	No. of schools completed	No. of parents' consent forms			No. of children			
		Sent to parents	Returned		Tuberculin test performed	Tuberculin test positive	Tuberculin test negative	Vaccinated with B.C.G.
			Refused	Consented				
1956 ...	74	4,033	1,174	2,716	2,570	834	1,689	1,664
1957 ...	187	10,712	2,747	7,397	6,969	1,731	5,052	5,002
1958 ...	203	11,496	3,019	7,929	7,574	1,939	5,418	5,280

Re-Vaccinations.

Year	No. of schools completed	No. of children		
		Tuberculin test performed	Tuberculin test negative	Vaccinated with B.C.G.
1956 ...	1	27	—	—
1957 ...	50	814	57	25
1958 ...	110	2,243	58	10

In addition, B.C.G. vaccinations, principally amongst doctors and nurses, are being carried out in hospitals under arrangements made by the Hospital Boards and, in particular, the vaccination of newly born infants is undertaken at St. Mary's Hospital, Manchester.

The County Council's proposals under section 28 also enable the County Council to provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing segregation on account of B.C.G. vaccination. During 1958 accommodation for children requiring segregation on account of B.C.G. vaccination was provided for three cases under arrangements made with the Children's Officer, and one case was accommodated at a private Home.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.—The following are recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis :—

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(c) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should cease at once and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained ; both certificates should be based on X-ray and bacteriological as well as clinical investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements :—

Assistant divisional medical officers.	District midwives.
District nurses.	Health visitors/school nurses.
Tuberculosis visitors.	Supervisory nursing staff.
Clinic clerks.	Lay health assistants.
Home helps attending sputum positive tubercular cases.	Day nursery staffs (including students).
Occupation centre staffs.	Part III accommodation—attendants and all nursery staff.
Special schools—all staff except gardeners.	Dental officers.
Dental attendants.	Educational psychologists.
Home teachers (school health service).	Itinerant teachers of the deaf.
Physiotherapists.	Psychiatric social workers.
Speech therapists.	Orthoptists.
Children's hostels (Children's Committee)—all staff including domestics.	Residential nurseries (Children's Committee)—all staff including domestics.
Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.	Registered child minders (Nurseries and Child Minders Regulation Act).

Illness Generally.—Care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and must needs follow different lines.

MENTAL ILLNESS AND DEFECTIVENESS.—The prevention, care and after-care of mental illness and defectiveness is undertaken in accordance with the County Council's scheme for the provision of a Mental Health Service which is dealt with fully later in this Report.

OTHER TYPES OF ILLNESS.—Arrangements have been made whereby, at the request of the hospital authorities, effective follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors.

General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting staff to carry out home visits in such cases and call into action any of the other social services which may be considered of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick.

With the object of providing suitable voluntary help to district nurses, the County Council have also made arrangements to avail themselves of the "Nursing Aid Service" of the St. John Ambulance Brigade and the British Red Cross Society, in conjunction with the Queen's Institute of District Nursing.

These several arrangements are dealt with more fully below under their respective headings.

CONVALESCENT HOME CARE.—Arrangements for the convalescence of general cases have been made with some 30 convalescent homes in various parts of the country to accept cases from the Administrative County.

Applications for assistance come usually from general practitioners and home nursing staffs, and occasionally from hospital almoners. Since it is necessary to co-ordinate the applications with the limited number of beds available in the various convalescent homes, the arrangements for convalescence are made through the central office.

In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1958 there were admitted to convalescent homes 476 individuals compared with 521 in 1957.

The following statements give particulars of the admissions during 1958 :—

Adults admitted to Convalescent Homes

Name and address of home	Adults	
	Male	Female
Barrow War Memorial Home	6	20
Beachways Convalescent Home, Southport	28	51
Binswood Red Cross Home, Didsbury	1	10
Blackburn and District Convalescent Home, St. Annes	7	16
Convent of Our Lady of Lourdes, Boarbank Hall, Grange-over-Sands ...	3	22
Convent of Our Lady of Wisdom, Blackpool	1	4
Chalfont Epileptic Colony	1	—
Church Army Home, Southport	—	2
Cotton Industry Home, Poulton-le-Fylde	1	—
Danehurst, Bognor Regis	—	1
Evelyn Devonshire Home, Buxton	2	1
Grey Court, Hest Bank	3	6
Heath Memorial Convalescent Home, Llanfairfechan... ..	23	—
Henderson Holiday Home for the Blind, Blackpool	1	—
Horncliffe Convalescent Home, Blackpool	—	99
Lear Home of Recovery, West Kirby	—	23
Mary MacArthur Home, Poulton-le-Fylde	—	2
North Eastern Counties Friendly Societies' Home, Grange-over-Sands ...	2	—
Shoreston Hall, Seahouses, Northumberland	8	8
West Hill Convalescent Home, Southport	16	19
Westwood Home, Blackpool	—	1
TOTAL ...	103	285

Children admitted to Convalescent Homes

Name and address of home	Unaccompanied children under school age	
	Male	Female
Ellen Gonner Home, Hoylake	—	1
Hilbre Nursery, Prestatyn	—	1
Hillary Nursery, Prestatyn	1	3
Sefton Convalescent Home, Birkenhead	7	2
Tanllwyfan Home, Colwyn Bay	3	1
TOTAL ...	11	8

Mothers accompanied by Children admitted to Convalescent Homes

Name and address of home	Mothers accompanied by children		
	Mother with one child	Mother with two children	Mother with three children
Church Army Home, Southport	7	8	2
Grey Court, Hest Bank	2	—	—
Llys Dilys Convalescent Home, Prestatyn	8	1	—
TOTAL ...	17	9	2

The use made of the convalescent care scheme during the past five years is shown in the following statement of annual admissions to convalescent homes :—

	1954	1955	1956	1957	1958
Adults	476	475	529	445	388
Unaccompanied children under school age	11	18	37	20	19
Mothers accompanied by children—					
Mothers	31	19	19	24	28
Children	52	28	35	32	41
TOTAL ...	570	540	620	521	476

The number of elderly persons taking advantage of this service is a noteworthy feature. Of the 388 adults having convalescence during 1958, 220 were over 60 years of age, 116 being between 60 and 70 years, 81 between 70 and 80 years and 23 over 80 years of age.

The scheme for convalescent home care fulfils a real need and many persons have an opportunity for recuperation in a convalescent home which they would not otherwise have obtained. The cost of convalescence may be recovered from the applicant and the assessment is based on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult.

NIGHT AND EVENING HELPS.—The County Council's arrangements for a night attendance service and an evening visiting service are outlined in the following paragraphs.

Night attendance service.—*Night helps.*—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and if necessary feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

During the year 5,261 night attendances were paid to 337 cases ; corresponding figures for 1957 were 4,278 attendances and 310 cases.

Evening attendance service.—Evening helps.—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension and/or national assistance in the form of a grant or supplementary pension.

During the year 6,194 evening visits were paid to 81 cases, compared with 5,446 visits to 97 cases in 1957.

NURSING AID SERVICE.—In 1951, the County Council decided to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, the object being to provide suitable voluntary help to district nurses in cases of need arising through shortage of staff, or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but arrangements exist whereby they can receive payment in respect of travelling expenses and laundry.

It has not so far been found necessary to call in "Nursing aid."

LOAN OF NURSING EQUIPMENT.—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners, or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nurses, midwives, chest clinics, school clinics and ambulance stations as determined by local needs and, in all, approximately 200 such stores are in use. In addition, a central control exists which handles equipment of an expensive or specialised kind and, therefore, of limited use (for example, postural beds, special cots, walking frames, etc.). On account of the highly specialised treatment involved special arrangements have been made for the accommodation of patients suffering from paraplegia about to be discharged to their homes from hospital paraplegic units. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

During the year a survey was made of loan equipment stores. Sixteen schemes of minor adaptations of existing premises were put in hand to improve or set up storerooms equipped with sink, drying racks, cupboards and storage for larger items.

The following selective list gives the numbers of certain items in the possession of patients on the 31st December, 1958. Many other articles were also on loan throughout the year.

Bed cradles	133	Bed rests	476	Urinals	553
Bed mattresses	195	Air cushions	544	Beds	105
Bed pans	796	Wheel chairs	399	Walking aids	107

LAUNDRY SERVICE.—The care and after-care services include the provision of a laundry service for bedding and night clothing of persons urgently needing such assistance. A charge may be made if the patient's income exceeds the assessment scale laid down for the purpose. For the time being this laundry service is limited to areas of the County where suitable arrangements can be made with hospital laundries. Bedding is provided on loan and is normally collected, laundered and returned to the patient twice weekly.

On average three sets of bedding are required for each case, each set being made up of two sheets, four draw sheets and two pillow cases. Transport has been arranged by agreement with local councils, the W.V.S. and with private contractors. Bedding is handled in linen laundry bags and/or aluminium boxes,

The arrangements are such as to ensure that the laundry service will be used as part of the preventive services designed to facilitate the care in their own homes of persons who might otherwise have to be admitted to hospital, in particular the aged and chronic sick. All cases are carefully screened to confirm the need for the service, and where it has been provided there is no doubt that it has fulfilled a real and urgent need in the care of incontinent patients.

In 1957, the service extended to nine divisions and 90 cases were dealt with ; 33 of these cases were still receiving service at the end of the year. In 1958 the service was available in ten divisions and 185 cases were dealt with ; 60 were still receiving service at the end of the year.

Problem Families.—The County Medical Officer of Health is designated by the County Council as co-ordinating officer for the purposes of the joint circular issued in 1950 by the Home Office and Ministries of Education and Health, and the divisional medical officers in the 17 health divisions act on his behalf at local level.

In the day-to-day work the field workers concerned with a particular family frequently hold informal consultations and experience has shown that in many cases this is sufficient, particularly in the case of a "family with a problem." In the more difficult cases, however—usually the "problem families"—case conferences are called either on a local basis to deal with one or two cases in a particular locality or on a larger scale at divisional level. At the case conference workers of both statutory and voluntary services take part, in particular health visitors, medical officers, area children's officers, school attendance officers, district council officers (*e.g.*, housing manager, public health inspector), probation officers, representatives from the National Assistance Board, N.S.P.C.C., etc. Although general practitioners are often invited, they are seldom able to spare the time to attend.

During 1958, 263 case conferences were held. New cases dealt with during the year comprised 220 families with 798 children. The number of families on the books at the end of 1958 was 751 with 2,970 children. One of the main values of the case conference is the opportunity which is provided for all workers to get to know each other, to express their opinions and to see the full picture of the family rather than the more limited view which they might otherwise have. It also gives an opportunity for the field workers to gain insight into each other's work and attitudes and to apply this to other cases. An effort is also made to ensure that, so far as possible, one worker takes the main responsibility for each family.

It must be realised, however, that the calling of a case conference does not itself solve the problem and many of these families remain in a borderline condition for years, causing anxiety to all concerned with their welfare and taking up a disproportionate amount of the field workers' time.

Good liaison with housing authorities is most important and this is materially assisted by the close contact maintained with many housing managers through the case conferences which they attend. During 1958, 61 families with 270 children were re-housed, 50 of these with 223 children by district councils.

The value of team work is becoming increasingly evident as a result of the case conferences and it is clear from the experience in Lancashire that this must be preserved and encouraged.

The services provided by the County Health Committee to deal with these families include :—

- (a) Health visiting.
- (b) Mothercraft training.
- (c) Use of specially selected home helps and loan of kitchen equipment.
- (d) Provision of day nursery accommodation.
- (e) Social case work.

(a) *Health Visiting.*—Experience shows that the health visitor can play a most important part in the preventive aspect of work with these families as she is the only worker who regularly goes into all homes where there are children. She is in a particularly good position to see the early signs of deterioration and is often able to take appropriate action to help the family in the early stages. This is true preventive work and as such is extremely difficult to record for statistical purposes.

The key position which the health visitor holds was emphasised in circular 27/54 on the Prevention of Break-up of Families which was issued by the Ministry of Health in November, 1954. The County Council health visitors spend a considerable amount of time on work with problem families and potential problem families and this often goes on for years before much improvement can be seen.

(b) *Mothercraft Training.*—In certain cases mothercraft training may prove most valuable in the rehabilitation of the family. It is, however, most important that the training should be introduced as part of a larger plan for dealing with a family and when the mother returns home further help will be required to ensure that the lessons learnt in the period of training are put into practice.

The County Council sends mothers for training to the Brentwood Recuperative Centre, Marple, Cheshire, which is administered by the Community Council of Lancashire and has been used continuously for a number of years. In addition arrangements are occasionally made with probation officers for the accommodation of mothers and children at the Mayflower Home, Plymouth, which is administered by the Salvation Army.

Details of mothers, and children under five years of age, sent by the County Council to Brentwood during the past five years are given in the following statement :—

Year		Mothers		Children	Year		Mothers		Children
1954	...	13	...	28	1957	...	5	...	16
1955	...	10	...	25	1958	...	10	...	21
1956	...	8	...	19					

In addition in each of the years 1954 and 1955 one case was sent to Spofforth Hall, near Harrogate, but this home has since closed.

The progress made by the families is, of course, generally slow, but improvement has occurred in many cases. Each family is closely followed up by the health visitors and reports are submitted on the families' progress at six-monthly intervals. A survey of the reports on 56 cases during 1958 indicates that 33 families were considered to have improved their conditions, in 17 cases the conditions of the family have not materially altered, in three cases there was a deterioration and three cases left the County area.

Of the three cases which had deteriorated last year, two have since shown a slight improvement but the third family is now broken completely. This mother is a widow who is mentally ill; one child was sent to an approved school in 1957 and the other child was committed to the care of the County Council during 1958.

The two other cases which show deterioration this year were in Brentwood in 1956 and 1957 respectively. One mother is mentally ill; she has been in hospital as a voluntary patient since her discharge from Brentwood but left before completing her treatment and refuses to return. Her husband takes charge of the family and receives National Assistance. The health visitor and the Family Service Unit social worker are co-operating closely but it is thought likely that this family will eventually break up. The other mother is a single woman with six children who refused to return to her old house after discharge from Brentwood. She was admitted to the County Council's family unit accommodation and eventually discharged herself, leaving the children to be taken into care.

(c) *Use of Specially Selected Home Helps and Loan of Kitchen Equipment.*—The County Council's proposals under section 28 of the National Health Service Act, 1946, indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children or the break-up of problem families or potential problem families. Such steps may include the use of specially selected home helps to work with the mother in her home to teach her housecraft and during 1957 a trial of this scheme was carried out in one division. The scheme was extended to all divisions early in 1958 and during the year eleven cases were dealt with.

It is important that the families who receive this help should be properly selected. Where the health visitor considers that a special home help would be valuable she refers the case to the divisional medical officer. It is intended that the home helps shall be used in families where the work is truly preventive, *i.e.*, where there are signs of deterioration and it is reasonable to expect some improvement if a home help is introduced to give practical instruction and advice. The divisional medical officer in conjunction with the home help organiser selects the home helps required for this special work. They are chosen for their sound common sense and practical approach. The helps are given adequate briefing and lecture sessions are arranged for their instruction in teaching methods, household routine, including the planning of daily and weekly tasks, household budgets and cookery.

The period during which the service of a selected home help is granted varies according to the particular requirements of each case, but after a trial period of two weeks the health visitor is required to submit a report on the working of the arrangements and a decision is then made as to whether any improvement in the family condition is likely to follow. The continuation of the special help is then at the discretion of the divisional medical officer. During the whole of this period close liaison is maintained between the health visitor, the home help organiser and the home help and there are regular consultations among this team of workers on the progress made with the individual mother. Eventually the home help is gradually withdrawn and supervision of the family continued by the health visitor who, of course, may occasionally re-introduce the home help if necessary.

In order that the home help may pass on the full value of her teaching to the mother it is essential that the family should possess the minimum of basic kitchen equipment, such as saucepans, cutlery, crockery, etc. In a case where a minimum of kitchen equipment is not available enquiries are made with a view to obtaining assistance from any voluntary sources or from the National Assistance Board. If this is not possible, the divisional medical officer may authorise the purchase of approved articles for free loan to the family for as long a period as the health visitor considers necessary. Meanwhile the mother is encouraged to make good the deficiencies in her own equipment so that eventually the loaned articles may be withdrawn.

Normally a charge is made for a home help in accordance with the family income but in these special cases the divisional health committee, at their discretion, may reduce the assessed charges or waive them altogether for a period of five weeks subject thereafter to a review each month in cases where it is considered that the supply of home help would be a major contribution to meet the problems of the family. The divisional health committee may decide subsequently that the charge should be increased, by stages if necessary, up to the full amount that would normally be paid in accordance with the assessment scale.

(d) *Provision of Day Nursery Accommodation*.—Children of problem families are regarded by the County Council as coming within the priority groups for admission to day nurseries and provision is made in the assessment scales regulations whereby the fee normally payable on the basis of family income can be reduced or waived altogether if the circumstances warrant such a course.

(e) *Social Case Work*.—The County Council's proposals under section 28 of the National Health Service Act, 1946, allow for the employment of social case workers either direct or through a voluntary agency.

Arrangements have been made with the Manchester and Liverpool Family Service Units to undertake social case work in County areas adjacent to these two County Boroughs and the equivalent of one whole-time case worker is provided by each unit.

Cases requiring assistance are referred to the units from a number of sources, including the divisional medical officers or their staff as a result of the case conferences, and close liaison is maintained with the divisional medical officers to whom reports are sent. From these it is confirmed that whilst much good work is being done these families will require constant supervision and guidance for a very long time. During the year 1958, 34 cases were dealt with by the Family Service Units.

In addition, a social case worker was appointed by the Health Committee in May, 1957, to undertake work with evicted families in family unit accommodation provided under the National Assistance Act, 1948. Further reference to this work is made on page 124 of this Report.

Health Education and Propaganda.—Health education is the best means of preventing ill-health and it has always been the desire of the Health Committee to use this service on as wide a front as possible, so that no age or section of the community should be excluded. The only difficulty about this is that the personnel available must, in consequence, be thinly disposed. Many different methods are therefore used by the staff of the department to achieve this end.

LECTURES.—There is no doubt that a single lecture or talk of the right kind on any aspect of health can stimulate interest in the prevention of ill-health and can lead to regular discussions that help to develop a better attitude towards positive health. With this in mind, contact is maintained with group leaders and secretaries of many organisations such as women's institutes, townswomen's guilds, co-operative guilds, mothers' clubs, parent-teacher associations, day nurseries, youth clubs, tradesmen's guilds and rotary clubs for the purpose of arranging meetings.

Every endeavour is made to appreciate their particular interests and persons with suitable experience and qualifications are engaged to talk to the groups. The subjects dealt with cover the widest possible range.

In 1958, 88 such lectures were arranged on specific subjects.

LECTURE COURSES.—Lecture courses are sometimes more appropriate than single talks—for example, when a group of tradespeople concerned with the handling of food are willing to attend a course of not more than three or four lecture-demonstrations dealing with their problems. The services of a competent lecturer are obtained and a syllabus is drawn up to meet the requirements. The necessary visual aids and demonstration material are produced and by this means an intensive and effective course is provided. It is important that a suitable syllabus for the group should be first fully discussed. It is not possible or advisable in this case to rely on a standard pattern to meet any and every request. The individual needs of the group must be studied.

In 1958 special courses of lectures on sex education were arranged for a youth group and for Grammar School pupils.

GROUP DISCUSSIONS.—Whenever the opportunity presents itself, group discussions are arranged, no matter what the subject, providing it has a bearing on health. To assist in this method use is made, for example, of film strips sometimes coupled with a disc recording of the script presenting the problem to be discussed. A group leader must be present who is conversant with the particular subject.

Many group discussions were again arranged in 1958 in youth clubs and mothers' clubs. There were also many impromptu discussions during clinic sessions.

FILMS.—Silent films, sound films and film strips continue to be used extensively as an aid to teaching and to help lecturers and demonstrators. There are nearly 1,000 films suitable for use in health education and, in addition, a library of films is gradually being built up by the department to avoid the many disappointments experienced when hiring.

Apart from such aid given to lecturers and to medical and nursing staff in clinics, films are shown in factories and in schools. In factories, where schedules of times must be strictly adhered to, suitable subjects and appropriate times are discussed beforehand with the personnel and welfare officers. Similarly films used in schools need to be discussed with the visiting lecturer, doctor or nurse.

During 1958, 185 film shows of this kind were given, including 16 in schools and one in a factory.

OTHER VISUAL AIDS.—Film strips, photographic enlargements and flannelgraphs are widely used. A number of film strips have been produced for teaching purposes and many photographs have been prepared for a variety of uses. Flannelgraphs have been produced in the department to meet the requirements of lecturers and teachers, and 80 of these units are in use throughout the County.

POSTERS AND LITERATURE.—Whatever is achieved by meetings, group discussions or film shows, posters and literature are constantly required to remind the public of important health matters. The health department keeps a constant supply of current posters and literature from various sources.

There are, however, many important aspects which are not covered by existing posters or literature, and the department undertakes this work. Posters are designed and texts prepared for leaflets to meet departmental requirements. These in turn are produced and distributed throughout the County for display wherever possible. Many organisations request that they be placed on a regular mailing list.

Nearly 20,000 posters and 300,000 pieces of literature were distributed during 1958.

HEALTH TOPIC DISPLAYS.—Displays of different shapes and sizes, dealing with various aspects of health, are produced by the department and erected in clinics, factories, shop-windows or any situation that gives promise of being seen by the general public. These displays are designed in such a way that they have a greater arresting power than posters.

During 1958, the following 17 health topics were in use :—

Food and Drink	Feet	Accidents
Head Lice	Cafe Quiz	Vaccination
Breast Feeding	Hair	Story of a Tooth
Pasteurisation of Milk	Food Poisoning	Children's Feet
Mental Health	Teeth	Home Accidents
Immunisation	Health Visitor	

These were exhibited in a total of 119 different situations.

EXHIBITS.—There is only a very limited amount of health education material suitable and available for exhibition to the general public. Consequently, where assistance is given to local authorities in staging an exhibition or when an exhibit is required, for example, for an agricultural show or display in a clinic, this usually has to be designed and produced by the department.

One exhibit produced in this way on the "Care of the Aged" was on view to the public in various parts of the County area on several occasions during 1958. The intention is to illustrate by means of photographs and script the various facilities available for old people. This exhibit has been used, for example, as a background when one-day courses have been held for those interested in voluntary work for the aged. It has also been used to form part of an exhibition designed to show what services are available to the public.

Another exhibit, dealing with the work of the County Council's training centres formed part of a mental health exhibition organised by the Burnley and District Hospital Management Committee in June, 1958, and again at a similar exhibition in Lancaster arranged by the Lancaster Moor Hospital Management Committee later in the year. In both cases it was loaned to the bodies concerned and was much appreciated. Full use was also made of this exhibit at a one day exhibition arranged by the Morecambe and Heysham branch of the National Society for Mentally Handicapped Children.

In 1958, a new exhibit was prepared for use with exhibitions on "Home Safety." This took the form of a specially designed prefabricated shell forming the main structure of a six-roomed bungalow. When on exhibition it is furnished throughout to a pre-arranged plan in order to draw attention to the main points at which accidents occur in the home. The bungalow is provided, erected, and dismantled by the County Health Department, but furnishing, paper, decorating, etc., interior and exterior, is undertaken by the Home Safety Committee or other body responsible for staging the exhibition. The first of the series of exhibitions using this particular exhibit took place at Newton-le-Willows in September, 1958, and was arranged in conjunction with the local Rotary Club and the Newton-le-Willows Urban District Council. The Chorley Home Safety Committee was the first of these committees to take advantage of the new County Council exhibits, including the bungalow, when an exhibition was held in Chorley in November, 1958. In connection with these particular events additional exhibits produced in the department were also used, *e.g.*, photographs showing the effects of different types of accidents, to both young and old, and displays of accident films, etc.

In both Newton-le-Willows and in Chorley the home safety bungalow attracted much attention in the press and elsewhere. At each place it was open to the public for several days and visited by a large number. In Chorley, for example, where the bungalow was set up inside the Town Hall, it was visited by some five thousand members of the public, mainly in small parties conducted through the bungalow by members of the Home Safety Committee. In Chorley, as elsewhere, everyone visiting the home safety bungalow was handed a booklet indicating the special points to look for in each room and every opportunity was taken to show or to demonstrate how accidents in the home can be prevented.

SPECIAL CAMPAIGNS.—Home Safety.—The Committee have been most anxious that all possible steps should be taken to explain to the public how much can be done to prevent accidents in the home and considered that the formation of local home safety committees was of the greatest importance. To encourage this they arranged for suitable material to be available as, for example, the home safety bungalow already mentioned. The Committee further approved the production of a comprehensive guide to home safety campaigning, covering the whole field from the setting up of local committees to the planning of a progressive programme of activities.

Another publication was the "Home Safety Handbook," dealing with various aspects of safety in the home. Produced during the year by a private publishing firm on behalf of the County Council and after close consultation with the health department, 34,000 copies were distributed throughout the entire County.

During November, 1958, a national campaign to reduce the number of burning and scalding accidents in the home was launched by the Home Secretary and the County Council participated in the following ways :—

- 1.—Poster displays on public hoardings and notice boards.
- 2.—Poster displays and distribution of leaflets in clinics, factories, workshops, etc., and, with the co-operation of the County Fire Brigade, in all fire stations throughout the Administrative County area.
- 3.—Distribution of bookmarks through the County and public libraries.
- 4.—A new slogan plate "Guard That Fire" produced by the Central Office of Information for use with postal franking machines was used in several departments of the County Council.
- 5.—In connection with a home safety exhibition organised by the Formby Home Safety Committee, the County Council assisted by the provision of home safety exhibits, posters and leaflets, laying particular stress on the dangers of unguarded fires.
- 6.—In two of the County health divisions, with the co-operation of the divisional education officers, a copy of a home safety leaflet was handed to every school child.

Mental Health Education.—This campaign, which is conducted by Dr. Alfred Torrie, was inaugurated in September, 1957. Dr. Torrie was appointed by the County Health Committee as part-time adviser for a campaign on mental health education in the first place for a period of 12 months, which in 1958 was extended for a further year. The object of the campaign is to help the public to understand the fundamental importance of mental health and in this way to show how much mental and physical ill-health might be prevented. The main aspects of Dr. Torrie's work are firstly to lead small conferences of key people in all walks of life, *e.g.* medical staff, factory management officers, the clergy, representatives of parent-teacher associations, youth organisations, women's institutes, etc., and secondly to contribute articles to the local press.

In the year under review, Dr. Torrie made many visits to Lancashire and in addition to discussions with medical and lay members of the health department staff working in the field, he held group discussions with County police officers, area children's officers, youth club wardens, factory personnel, factory welfare officers and re-settlement officers of the Ministry of Labour and National Service. He also held a discussion at which clergy, representing all denominations, were present. Dr. Torrie also spoke at the annual meetings of the Lancashire Federation of Women's Institutes and of the North Western Federation of the Queen's Institute of District Nurses, and finally he spoke to members of the Nursing Services Sub-Committee.

During 1958 Dr. Torrie wrote a booklet entitled "Mental Health—The Technique of Listening" which was produced by the County Council and has been widely distributed to all members of the various groups addressed in the course of the campaign. This has been greatly appreciated by all who have read it as an aid to those who feel they could help in this field in some small way, but who first need a little guidance.

In his report on the first year's working, Dr. Torrie summed up as follows :—

"I would like to say that the tackling of the field of mental health is a difficult thing, but that a great deal of interest in the general public has been aroused. I feel that this mental health campaign has thrown some light in dark places and that the public will be appreciative of the fact that the health department is alive to their needs.

"In the first place I would say that the past year's mental health education campaign has revealed a great deal of ignorance and also a desire for knowledge. Secondly, it has brought together local authority workers for a discussion of their common problems. Thirdly, it has anticipated a general drive in the country which is to be begun in 1960 and is entitled "The World Mental Health Year," following the example of the World Geophysical Year. Fourthly, it has shown the need for gradual increase in mental health staff, psychiatric social workers, psychiatrists and their other workers.

"Looking back over the year, I am convinced that the work has been worth while and that it should be continued for the benefit of those who are seeking more information, and for the groups who have not yet been covered."

Smoking and Lung Cancer.—In furtherance of the previous year's campaign on smoking and lung cancer, 3,800 copies of a new poster "Cancer" were distributed to factories and other places of employment throughout the Administrative County area and to the wardens of youth clubs. Some 90,000 bookmarks of a similar design were distributed through the County and school libraries. The Health Committee also authorised the purchase of this particular poster in 16 sheet and double crown form for display on hoardings and public notice boards. It is regretted, however, that the British Poster Advertising Association decided not to allow their members to handle this poster.

HOME HELP SERVICE

The continued increase in the demands on the home help service in 1958 again necessitated the recruitment of additional staff so that, by the 31st December, the total number of home helps reported on establishment had risen to 2,806, an increase of 399 over the previous year's figure. Of these, five were employed whole-time and the remainder part-time for varying periods. In consequence, the establishment of organisers and assistant organisers, who are responsible for the day-to-day control of the service under the direction of the divisional medical officers, was increased from 28 to 30. The full-time equivalent of the 2,806 home helps, at 1,301, was 156 more than the corresponding figure at the end of the previous year but still well within the establishment of 1,500 full-time equivalent home helps which was approved by the Minister of Health with effect from October, 1957.

The County Council's proposals regarding the home help service enable a laundry service to be provided for bedding and night clothing of persons urgently needing such assistance and who are in receipt of home help. Similar provision is also made in connection with the prevention of illness and after-care schemes under section 28 of the National Health Service Act, 1946, and for the time being the laundry service will function under this section.

In addition, the County Council's proposals under section 28 indicate that such steps as are considered necessary will be taken to prevent physical neglect or risk of mental illness of children, or the break-up of problem families or potential problem families. In this connection, the Health Committee have agreed to the employment of specially selected home helps. Further particulars are given on page 104.

As part of the welfare scheme for the care of the aged in their own homes consideration has been given to arranging for help to be available in a way most suited to the old people's needs, including services of a home help for more frequent but shorter periods than has been the practice hitherto.

Cases Attended.—During 1958 home help was provided for 18,282 cases, an increase of 1,685 or 10·2 per cent. over the total for the previous year.

The continued rapid expansion of the service provided is illustrated by the statement below which shows for the Administrative County as a whole the number of home helps employed at the 31st December of each of the last five years, together with their whole-time equivalents, and the number of instances by type of case in which home help was provided in each of these years.

Year	Home helps employed at 31st December		No. of cases for which home help was provided during the year for—							Total cases attended per 1,000 population
	Total	Whole-time equivalent	Problem families	Confinements		Tuber- culosis	Chronic sick and aged & infirm	Illness and others	Total	
				At home	Away from home					
1954	1,528	768	—	754	199	180	7,523	1,442	10,098	4.9
1955	1,971	959	—	703	188	164	9,603	1,630	12,283	5.9
1956... .. .	2,251	1,102	—	685	207	155	11,561	1,757	14,365	6.9
1957	2,407	1,145	—	615	201	152	13,931	1,693	16,597	7.9
1958	2,806	1,301	11	645	178	134	15,613	1,701	18,282	8.6

Again the increase in cases attended during 1958⁷ was attributable solely to the demand for help for the chronic sick and the aged and infirm, such cases being more than doubled in number during the last four years. In 1958 they amounted to 85·4 per cent. of the total cases supplied with help as compared with 74·5 per cent. in 1954. During the same period total cases increased by 81·0 per cent. although the whole-time equivalent of staff employed rose by only 69·4 per cent. Some indication of the complementary variation in attendance is given below under the heading "Attendance upon Cases."

In the following table particulars are given, by category, of cases attended in 1958 differentiating between those under 65 years of age and those who were 65 years and over. To indicate the annual turnover of cases the table also provides details of cases in which attendances (a) commenced and (b) ceased during the year.

Category	Total No. of cases attended		Cases in which attendance—			
			Commenced		Ceased	
	Under 65 years	65 years and over	Under 65 years	65 years and over	Under 65 years	65 years and over
Problem families ...	11	—	11	—	7	—
Confinement— at home ...	645	—	620	—	628	—
away from home ...	178	—	168	—	169	—
Tuberculosis ...	112	22	60	14	62	14
Chronic sick and aged & infirm ...	1,097	14,516	609	8,219	543	7,236
Illness and others ...	1,227	474	924	275	852	266
All categories ...	3,270	15,012	2,392	8,508	2,261	7,516
	18,282		10,900		9,777	

Of the 18,282 cases for which home help was supplied it will be seen that 15,012 or 82·1 per cent. related to persons of 65 years or over. This and the corresponding proportions for the preceding four years, 1954 to 1957 (70·7, 75·1, 77·3 and 80·4 per cent. respectively) clearly illustrate the effect of the implementation of the County Council's policy of caring for the aged and infirm in their own homes. It is indicative of the urgency of this problem and of the value of the contribution made towards its solution by the Home Help Service that not only were these cases of persons of advanced years and infirm or chronic sick but that in some 63 per cent. of those given attendance in 1958 the individual was living entirely alone, whilst a further 24 per cent. lived only with persons who for one reason or another were incapable of giving them any assistance in the home.

Table 16, page 195, shows the actual number and the whole-time equivalent of home helps employed at the 31st December, 1958, in each health division, together with the number of cases for which home help was provided during the year and the ratio of cases attended to population.

ATTENDANCE UPON CASES.—Naturally attendance upon cases varies not only with the type of case but also with the availability of home helps, practically all of whom are part-time. The statement below sets out for each category of case the actual numbers of hours of attendance given during the year together with certain attendance averages per case.

Category	No. of cases attended	Percentage of total cases (all categories)	Attendance given during year						
			No. of actual hours	Percentage of total hours (all categories)	Average No. of—				
					Hours per case	Days per case	Hours per day per case	Days per week per case	Weeks per case
Problem families ...	11	0·1	2,295	0·1	208·6	50·5	4·1	8·7	18·7
Confinement— at home ...	645	3·5	40,889	1·4	62·6	13·1	4·8	3·8	3·4
away from home ...	178	1·0	7,463	0·8	41·9	12·0	3·5	2·7	4·5
Tuberculosis ...	134	0·7	22,052	0·8	164·6	53·3	3·1	2·5	21·3
Chronic sick and aged & infirm ...	15,613	85·4	2,556,760	90·3	163·8	56·1	2·9	2·4	23·4
Illness and others ...	1,701	9·3	201,102	7·1	118·2	38·4	3·1	2·4	16·0
All categories ...	18,282	100	2,830,061	100	154·8	52·5	2·9	2·4	21·8

Whilst it is to be expected that different categories of case will make different demands upon the service, it will be seen that, on average, each home help case extended over a period of almost 22 weeks during which time attendance was given for slightly less than three hours daily on 2·4 days per week. The change during the past five years in the distribution of the available time of home helps as expressed by these averages is shown in the statement below where it will be seen that year by year fewer of the available hours have been given on fewer days per week but over a longer period.

Year	Attendance given during the year				
	Average No. of—				
	Hours per case	Days per case	Hours per day per case	Days per week per case	Weeks per case
1954	162·2	48·6	3·3	2·7	17·9
1955	161·6	49·9	3·2	2·6	19·0
1956	163·5	51·9	3·1	2·5	20·5
1957	153·8	51·2	3·0	2·4	21·0
1958	154·8	52·5	2·9	2·4	21·8

Table 17 on page 196 gives information regarding attendance upon cases in each health division, together with an indication of the proportion of total cases dealt with in each area who were aged 65 years and over. In comparing details of the attendance given to cases by home helps in the several divisions, regard must, of course, be had to the variations in the numbers of types of cases attended by reference to Table 16.

ABILITY OF USERS TO PAY FOR THE SERVICE.—Under the provisions of section 29 (2) of the National Health Service Act, 1946, recovery is made from persons availing themselves of the home help service of charges for the services rendered. For assessment of these charges a scale of allowances is in operation in order to ascertain the net income from which recovery can be made. The charges are reviewed and, in appropriate cases, reduced after the third week of service and again after the thirteenth week. In any event the cost to the user of the service in no case exceeds the actual cost of the service to the County Council.

From periodic analyses of assessments made it may be said that in at least three-quarters of the cases attended home help is ultimately provided free—a corollary to the fact that the bulk of the persons attended are old, infirm and chronic sick.

MENTAL HEALTH

Administration.—As a local health authority, the County Council were assigned, under the provisions of the National Health Service Act, 1946, the powers and, to the extent the Minister of Health directs, the duty to make arrangements for the prevention of mental illness and the care and after-care of persons suffering from mental illness or mental defectiveness. In addition they were charged with the duty of ascertainment and (where necessary) removal to institutions of mental defectives and the supervision, guardianship, training and occupation of those in the community.

The treatment of mental illness, whether in hospital or at clinics, is the function of Regional Hospital Boards and Hospital Management Committees which are also responsible for the provision of institutional accommodation for defectives.

In order to carry out their duties in regard to mental health, the Health Committee, to whom were referred all matters relating to the discharge of the functions of the local health authority, set up a Mental Health Sub-Committee which at the end of 1958 consisted of 23 members of the County Council, together with representatives of the Lancashire Branch of the Urban District Councils Association, the Lancashire Executive Council and the Lancashire Branch of the Rural District Councils Association. This Sub-Committee meets as is found necessary and nine meetings were held during the year.

The day-to-day administration of the functions of the County Council in relation to mental health has been delegated, so far as practicable, to the 17 Divisional Health Committees, the constitution of which is referred to earlier in this report.

STAFF EMPLOYED.—The County Medical Officer of Health is responsible for the organisation and control of the mental health service whilst the divisional medical officer and the assistant medical officers in each health division are responsible for the work in the field. In particular, it is their duty to secure the ascertainment of mental defectives within the division and to see that appropriate action is taken in cases of mental illness. All the medical officers are approved for the purpose of giving certificates under the provisions of sections 3 and 5 of the Mental Deficiency Act, 1913, and undertake the statutory medical visitation of mental defectives under guardianship. The majority of these officers are also approved under Regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953.

Four consultant psychiatrists of one of the Regional Hospital Boards have been appointed to act as advisers and consultants in several health divisions. Regular meetings have been held between the psychiatrists and the Council's mental health staff which have proved of considerable value in assessing the need or otherwise for hospital treatment and securing accommodation for urgent cases.

During 1958 the establishment of officers for the Mental Health Service was increased from 44 to 54. At the end of the year 42 duly authorised officers (male and female), who carried out all duties in connection with the Mental Health Service, and seven female mental health workers, who had no duties under the Lunacy and Mental Treatment Acts, were employed in the various health divisions. Staff engaged at training centres in the Administrative County area at the end of 1958 were as follows:—

Supervisors	...	...	...	...	...	21
Assistant supervisors	...	...	...	...	...	44
General assistants	...	...	...	...	...	5
Meals assistant/guides (part-time)	...	...	...	...	...	8
Meals assistants (part-time)	...	...	...	...	...	12
Guides (part-time)	...	...	...	...	...	57

Of the supervisors and assistant supervisors, 16 were qualified and the majority of the remainder have had long experience in the work.

CO-ORDINATION WITH HOSPITAL AUTHORITIES.—As has already been mentioned in the section of this Report relating to divisional health administration, the hospital management committees have representation on the appropriate divisional health committee.

The local health authority undertake on behalf of hospital management committees the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories of patients admitted to mental hospitals and reports on (a) the home conditions of patients under consideration for licence on trial or discharge from hospitals and institutions and (b) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid in these cases during 1958 totalled 2,875 as follows:—

						No. of visits.
<i>Mental illness—</i>						
Case histories	...	...	...	...	...	933
Reports on home conditions for licence on trial or discharge	...	...	...	...	...	104
<i>Mental deficiency—</i>						
Progress reports in cases on licence	...	...	...	...	...	585
Reports on home conditions for—						
(a) Licence or discharge	...	...	...	...	...	618
(b) the purpose of section 11 of the Mental Deficiency Act, 1913	...	...	...	...	...	635
						<hr/> 2,875 <hr/>

Comparative totals for each of the preceding five years are as under:—

Year.					No. of visits.
1957	...	...	...	...	3,014
1956	...	...	...	...	2,955
1955	...	...	...	...	3,236
1954	...	...	...	...	3,036
1953	...	...	...	...	2,981

On the whole co-operation between the officers of the hospital service and the local health authority, whilst not as complete as it might be, has been good and instances of overlapping of responsibilities were relatively few.

DUTIES DELEGATED TO VOLUNTARY ASSOCIATIONS.—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy, Mental Treatment and Mental Deficiency Acts, but contact is maintained with the National Association for Mental Health and a grant is made to this Association.

TRAINING OF MENTAL HEALTH WORKERS.—Four duly authorised officers and two female mental health workers were seconded to a refresher course for mental health workers commencing in Leeds on the 1st September, 1958, and organised by the Northern Branch of the National Association for Mental Health in conjunction with the Department of Adult Education and Extra Mural Studies of the University of Leeds. Two duly authorised officers and two female mental health workers attended a course of study on the "Royal Commission Report and its implications for Mental Health Workers," organised by the National Association for Mental Health, and held at St. Gabriel's College, London, from the 14th to the 19th July, 1958. Five supervisors and one assistant supervisor attended a refresher course for teachers of the mentally handicapped in training centres, etc., held at St. Gabriel's College, London, from the 24th July to the 22nd August, 1958. One supervisor and one assistant supervisor were seconded to a three term diploma course for teachers of the mentally handicapped in occupation centres, etc., which commenced in Manchester on the 10th September, 1958.

Work undertaken in the Community.—UNDER SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.—*Prevention, care and after-care (persons suffering from mental illness or mental defectiveness).*—Psychiatric out-patient clinics were attended by duly authorised officers and mental health workers as required. The numbers of attendances during 1958 and the previous five years are given below :—

Year	Attendances			
1958	311
1957	256
1956	304
1955	269
1954	267
1953	178

Care and after-care home visits during 1958 totalled 12,655 to 7,046 cases as follows :—

	No. of visits		No. of cases	
In respect of patients attending out-patient clinics	...	849	...	606
In respect of persons under observation, requiring advice, etc.	...	5,166	...	2,921
In respect of patients discharged from mental hospitals, including ex-service personnel	...	6,264	...	3,356
In respect of patients discharged from mental deficiency institutions or guardianship	...	376	...	163
		<u>12,655</u>		<u>7,046</u>

The corresponding figures for the preceding five years were as follows :—

Year	No. of visits		No. of cases	
1957	...	9,484	...	5,633
1956	...	7,672	...	4,633
1955	...	6,842	...	4,081
1954	...	6,666	...	4,117
1953	...	6,192	...	*

* Not available.

In accordance with the County Council's approved proposals under section 28 of the National Health Service Act, 1946, and Ministry of Health Circular No. 5/52, dated January, 1952, relating to short term care for defectives, arrangements were made during 1958 for 212 defectives to be provided with such care for periods varying from two weeks to six months. Of this number, 144 were accommodated at "Orchard Dene," Rainhill, administered by the National Association for Mental Health, and five other homes at the cost of the County Council, and 68 at Ministry of Health hospitals at the cost of the appropriate Hospital Management Committee. The number provided with short term care during 1958 showed an increase of 19 over 1957 and 41 over 1956.

The County Council's approved proposals under section 28 of the National Health Service Act, 1946, also provide for the County Council to make arrangements for short holidays or outings or expeditions for any defective who is under supervision or guardianship if it appears to the Council that benefit would be derived by such arrangements, that the defective would not otherwise have a holiday and that his selection is in other respects suitable; the County Council to pay the whole or part of the cost incurred.

During the year arrangements were made for 51 pupils attending County training centres to spend a week's holiday at the Christian Endeavour Home, "Bryn Hedd," Penmaenmawr, North Wales.

UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, BY DULY AUTHORISED OFFICERS.—A summary of the work undertaken by these officers under the above Acts during 1958 is given in Table 18 on page 197. For the purposes of comparison the corresponding figures for each of the five preceding years are also shown. The number of admissions direct to hospital as voluntary patients during 1958 was 1,878 as compared with 1,051 during 1953 and 353 during 1949.

During the year difficulty continued to be experienced on occasions in obtaining hospital accommodation for persons, particularly females, in urgent need of treatment for mental illness.

UNDER THE MENTAL DEFICIENCY ACTS, 1913 TO 1938.—*Ascertainment*.—The total number of cases reported to be mentally defective during 1958 was 272 (153 males and 119 females). Of this number 184 (105 males and 79 females) were reported under section 57 of the Education Act, 1944. The corresponding totals for the five preceding years were as follows :—

Year		Total number reported		No. reported under section 57 of the Education Act, 1944
1957	...	235	...	131
1956	...	246	...	135
1955	...	227	...	130
1954	...	197	...	90
1953	...	269	...	189

The 272 cases reported during 1958 were disposed of as follows :—

			Males		Females		Total
Placed under statutory supervision	...	...	105	...	83	...	188
Placed under voluntary supervision	...	...	9	...	7	...	16
Admitted to institutions	...	...	11	...	9	...	20
Not regarded as defectives	...	...	1	...	—	...	1
Action not yet taken	...	...	27	...	20	...	47
			<u>153</u>	...	<u>119</u>	...	<u>272</u>

The total number of cases on the Register of Defectives at the end of 1958, excluding those in institutions and on licence therefrom, was as follows :—

			Males		Females		Total
Cases ascertained to be "subject to be dealt with":—							
Under guardianship	...	...	7	...	10	...	17
Under statutory supervision	...	...	1,022	...	901	...	1,923
In a place of safety	...	...	5	...	3	...	8
Cases not "subject to be dealt with":—							
Under voluntary supervision	...	...	113	...	133	...	246
			<u>1,147</u>	...	<u>1,047</u>	...	<u>2,194</u>

The following are the corresponding totals at the end of each of the five years prior to 1958 :—

Year		Males		Females		Total
1957	...	1,095	...	1,025	...	2,120
1956	...	1,040	...	930	...	1,970
1955	...	962	...	848	...	1,810
1954	...	897	...	808	...	1,705
1953	...	784	...	782	...	1,566

Shortage of accommodation continued to be the limiting factor in admissions to institutions. Admissions during 1958 and during each of the previous five years are set out below :—

Year		Males		Females		Total
1958	...	50	...	49	...	99
1957	...	70	...	22	...	92
1956	...	31	...	35	...	66
1955	...	41	...	14	...	55
1954	...	31	...	42	...	73
1953	...	31	...	47	...	78

Of the number admitted to institutions during 1958, six were admitted from the Courts and 63 were admitted on an informal basis, *i.e.*, without order or authority for detention, in accordance with Ministry of Health Circular No. 2/58, dated 15th January, 1958.

The total number of cases in institutions at the end of 1958 and at the end of each of the previous five years are given below :—

Year		Males		Females		Total
1958	...	967	...	677	...	1,644
1957	...	926	...	671	...	1,597
1956	...	883	...	684	...	1,567
1955	...	889	...	675	...	1,564
1954	...	856	...	673	...	1,529
1953	...	836	...	635	...	1,471

As a result of the review undertaken during the year by management committees of mental deficiency institutions in accordance with Ministry of Health Circular H.M. 58 (5) dated 15th January, 1958, the orders on authority for the detention of 252 patients in such institutions for whom the County Council is the responsible local health authority were terminated, the patients remaining in the institutions on an informal basis.

Difficulty continued to be experienced during the year in obtaining vacancies for urgent cases requiring institutional care, particularly for helpless cases requiring nursing care and attention. Several of these cases have had two or three periods of short term care, or prolonged periods of such care ranging from four to six months, in various homes during the year to enable the parents to have a much needed rest from their care. The following statement shows the number of cases awaiting institutional care at the end of 1958 and at the end of each of the previous five years :—

Year		Males		Females		Total
1958	...	191	...	129	...	320
1957	...	176	...	138	...	314
1956	...	208	...	113	...	321
1955	...	175	...	111	...	286
1954	...	167	...	89	...	256
1953	...	129	...	100	...	229

Guardianship and supervision.—No guardianship orders were obtained during 1958. During the year all cases under guardianship were further reviewed in accordance with Ministry of Health Circular No. 2/58 and orders in nine cases were discharged. Since the 1st January, 1949, the number of cases under guardianship has decreased from 46 to 17, in respect of 15 of whom maintenance grants, ranging from 46s. to 60s. per week, were being made at the end of the year under report.

Particulars of home visits during 1958 by duly authorised officers and female mental health workers to cases in the community, excluding those on licence from institutions, are set out in the statement below, together with those for each year, 1953–57 :—

		No. of visits					
		1953	1954	1955	1956	1957	1958
Cases “subject to be dealt with” :—							
Under guardianship	...	227	222	198	170	144	144
Under statutory supervision	...	6,268	7,308	6,760	7,352	7,971	8,485
Cases “not subject to be dealt with” :—							
Under voluntary supervision	...	727	787	717	700	916	1,002
		<u>7,222</u>	<u>8,317</u>	<u>7,675</u>	<u>8,222</u>	<u>9,031</u>	<u>9,631</u>

Training.—Four training centres set up by the former authority under the Mental Deficiency Acts in the County area were taken over by the local health authority on the 5th July, 1948. By the end of 1958, 21 centres were operating in the County area, five more than in the previous year. A further centre was in course of erection and schemes were in hand for the establishment of three industrial training centres.

Details of attendances, etc., at County training centres during the year 1958 are given below :—

Health Division No.	Location of centre	No. of places available	No. of days open	Total attendances	Average daily attendances	No. on register at 31st Dec., 1958	Remarks
1	Ulverston	12	183	1,585	8.7	12	Opened 13th Jan., 1958.
2	Lancaster	25	192	3,712	19.3	25	—
3	Carleton	32	195	5,235	26.8	30	—
4	Chorley	39	197	6,367	32.3	38	—
5	Accrington	36	197	3,810	19.3	28	—
6	Nelson	50	108	3,681	34.1	38	Opened 11th Aug., 1958.
7	Crosby	75	199	11,857	59.6	*63	—
	Burscough	24	68	1,014	14.9	22	Opened 15th Sept., 1958.
8	Hindley Green, near Wigan ...	40	191	4,496	23.5	30	—
9	Huyton	65	189	11,505	60.9	76	—
	Widnes	50	190	7,520	39.6	49	—
10	Newton-le-Willows ...	50	134	4,260	31.8	42	Opened 21st April, 1958.
11	Farnworth	36	197	5,477	27.8	34	—
12	Prestwich	50	196	6,612	33.7	46	—
	Rawtenstall	60	196	7,859	40.1	49	—
14	Chadderton	24	190	3,430	18.1	21	—
	Middleton	45	189	6,809	36.0	44	—
15	Swinton	40	189	6,710	35.5	40	—
16	Stretford	57	198	7,610	38.4	57	—
17	Ashton-under-Lyne ...	28	197	4,476	22.7	28	—
	Droylsden	24	157	2,998	19.1	23	Opened 10th Mar., 1958.
TOTAL—ADMINISTRATIVE COUNTY		862	3,752	117,023	31.2	795	

* Includes nine cases from Bootle County Borough.

In addition to the training facilities provided by the County Council, arrangements have been made for County cases to attend County Borough centres.

The numbers of cases from the Administrative County area attending training centres provided and administered (i.) by the County Council and (ii.) by County Borough Councils at the end of 1958 and each of the previous five years are set out below :—

Year	County Council centres	County Borough centres	Total
1958 ...	783	87 ...	870
1957 ...	590	127 ...	717
1956 ...	516	107 ...	623
1955 ...	408	121 ...	529
1954 ...	371	119 ...	490
1953 ...	312	108 ...	420

Transport to and from the centres is provided whenever possible in those cases where the parents are unable or unwilling to take them. For all other cases, and escorts, the County Council reimburse any travelling expenses involved.

County cases also attend two creches established by societies for mentally handicapped children, one in Chorley and the other in Preston. The County Council make a grant to the Chorley Society towards the cost of their cases attending the Chorley creche and provide transport for their cases attending the Preston creche. At the end of 1958, 12 County cases were attending these creches.

OTHER SERVICES

Medical Examinations carried out by Divisional Medical Staff.—The medical staff employed in the health divisions have the responsibility of carrying out medical examinations for a variety of County Council purposes. In addition, divisional medical officers holding appointments as medical officer of health of County districts within their division may also arrange the medical examination for superannuation purposes, etc., of employees of the councils of those County districts.

The table below shows the major groups of examinations undertaken during 1958. Similar information is given by health divisions in Table 19, page 198.

<i>Medical examinations undertaken in respect of—</i>	<i>No.</i>
Superannuation—	
Fitness to enter County Council scheme	1,338
Fitness to enter other local authority schemes	1,274
Fitness for job—County Council employees—	
*Examinations carried out as a result of scrutiny of forms M.E. 5 (employee's statement of medical history)	190
Fitness to enter other local authority sickness pay schemes	127
Fitness to resume work—County Council employees	156
Children in care of Children's Committee	1,806
Mental Deficiency and Lunacy Acts	343
Children—for employment out of school hours	3,760
Entry to teachers' training colleges	982
Entrants to teaching profession (Form 28 RQ)... ..	124
Children attending camp schools	1,525
Boothstown Remand Home	764
Others	281

* During the year 3,518 forms M.E.5 were scrutinised, but only in those cases where a decision could not be given solely by reference to the form was an actual physical examination carried out.

Nursing Homes.—The law relating to nursing homes is contained in sections 187–195 of the Public Health Act, 1936.

At the end of 1958 there were 27 registered nursing homes in the County area, all of which were re-inspected periodically by the divisional medical staffs.

The 27 nursing homes were situated in the following districts :—

<i>Health Division No. 1—</i>		<i>Health Division No. 4—</i>	
Dalton-in-Furness U.D.	1	Fulwood U.D.	1
Grange U.D.	3		
Ulverston U.D.	1	<i>Health Division No. 7—</i>	
Ulverston R.D.	1	Crosby M.B.	4
		Formby U.D.	2
<i>Health Division No. 2—</i>		<i>Health Division No. 10—</i>	
Lancaster M.B.	1	Golborne U.D.	1
Lunesdale R.D.	1		
<i>Health Division No. 3—</i>		<i>Health Division No. 13—</i>	
Lytham St. Annes M.B.	6	Littleborough U.D.	1
Poulton-le-Fylde U.D.	1		
Preesall U.D.	1	<i>Health Division No. 16—</i>	
Thornton Cleveleys U.D.	1	Urmston U.D.	1

The following is a summary of the action taken with regard to the registration of nursing homes during 1958 :—

Applications for registration under consideration at 31st December, 1957	...	...	...	...	...	...	...	...	2
Applications for registration received	...	...	...	...	...	...	...	...	—
Certificates of registration issued	...	...	...	...	...	...	...	...	—
Applications withdrawn	...	...	...	...	...	...	...	...	—
Applications refused	...	...	...	...	...	...	...	...	—
Applications under consideration at 31st December, 1958	...	...	...	...	...	...	...	...	2
Certificates of registration cancelled	...	...	...	...	...	...	...	...	6
Re-inspections carried out	...	...	...	...	...	...	...	...	58

Particulars of the cases admitted to and treated in the nursing homes during 1958 are given in the following statement :—

(a) Maternity cases—

(i.) No. admitted	...	...	...	...	...	...	...	654
(ii.) No. of confinements	...	...	...	...	...	...	...	652
(iii.) No. of live births	...	...	...	...	...	...	...	645
(iv.) No. of stillbirths	...	...	...	...	...	...	...	7
(v.) No. of miscarriages	...	...	...	...	...	...	...	1
(vi.) No. of deaths—mother	...	...	...	...	...	...	...	—
child	...	...	...	...	...	...	...	—
(vii.) No. of confinements at which analgesia used	...	...	...	...	...	...	...	535

(b) Medical cases—

(i.) No. admitted	...	...	...	...	...	...	...	2,165
(ii.) No. of deaths	...	...	...	...	...	...	...	224

(c) Surgical cases—

(i.) No. admitted	...	...	...	...	...	...	...	314
(ii.) No. of operations performed	...	...	...	...	...	...	...	308
(iii.) No. of deaths	...	...	...	...	...	...	...	7

Agencies for the Supply of Nurses.—Section 2 of the Nurses Agencies Act, 1957, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County. At the end of 1958 there was one licensed agency, in Lytham St. Annes M.B.

WELFARE SERVICES

WELFARE OF THE AGED AND INFIRM AND THE HOMELESS

Residential and Temporary Accommodation.—Section 21 (1) of the National Assistance Act, 1948, provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them ;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen, or in such other circumstances as the authority may in any particular case determine.

Section 21 (2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health.

RESIDENTIAL ACCOMMODATION PROVIDED.—Full residential accommodation is provided under Section 21 (1) in premises managed by the County Council, by other local authorities and by voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with this type of accommodation during 1958 :—

	Males	Females	Children
Hostels managed by County Council ...	846	1,160	—
Hostels managed by other local authorities	21	59	—
Former public assistance institutions managed by the County Council ...	764	883	274
Former public assistance institutions, etc., managed by other local authorities ...	178	197	9
Establishments managed by voluntary organisations—			
Homes for the Blind	54	76	—
Other than Homes for the Blind ...	127	294	—
TOTALS	1,990	2,669	283

Of this total of 4,942 County residents, 1,719 (611 males, 869 females and 239 children) were discharged during the year and 141 males and 170 females died, leaving 2,912 (1,238 males, 1,630 females, and 44 children) still in residence at the 31st December, 1958. The comparable numbers of persons in residence at the 31st December of each of the 10 preceding years were as follows :—

Year	Males	Females	Children	Total
1957	1,194	1,548	51	2,793
1956	1,168	1,506	46	2,720
1955	1,114	1,367	66	2,547
1954	1,146	1,299	40	2,485
1953	1,105	1,237	56	2,398
1952	1,069	1,148	102	2,319
1951	1,038	1,059	67	2,164
1950	973	938	130	2,041
1949	921	894	145	1,960
1948	843	773	133	1,749

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities with whom, for the most part, "user" agreements existed prior to the 5th July, 1948. There were 139 (54 males and 85 females) such cases still in residence at the 31st December, 1958, as compared with 182 at the end of the previous year.

A more detailed statement of the numbers of persons provided with residential accommodation in the various establishments during the year 1958 is set out in Tables 20 to 26 on pages 199 to 208. It might be noted that, whilst an accommodation capacity for each sex is given in the tables for those properties managed by the County Council, some of the accommodation is in fact adaptable for occupation by either sex according to demand.

The accommodation managed by the County Council is provided either in hostels or in parts of former County public assistance institutions and the following is a list of such premises in use during the year :—

HOSTELS						
Health Division No.	Hostel					Accommodation at 31st December, 1958
1	*Millwood House, Barrow-in-Furness	...	...	...	...	16
2	‡The Empress, Marine Road East, Morecambe	...	...	...	...	70
	Moor Platt, Caton	...	...	...	...	27
	The Hermitage, Caton	...	...	...	...	40
	The Laurels, Lancaster	...	...	...	...	29
	Fair Elms, Lancaster	...	...	...	...	23
3	Norcross House, Norcross Lane, Carleton, Thornton Cleveleys					24
	The Woodlands, St. Andrew's Road South, St. Annes-on-Sea	...				24
	§†The Cumberland, Esplanade, Fleetwood	...	...	...	...	49
4	The Beeches, Bonds, Garstang	...	...	...	...	44
	Withnell Fold Hall, Withnell, near Chorley	...	...	...	...	40
5	Hill Top, Manchester Road, Accrington	...	...	...	...	16
	Glendene, Knowsley Road, Clayton-le-Dale, Wilpshire	...	...	...	...	21
	Broad Oak, Sandy Lane, Accrington	...	...	...	...	42
	Northlands, Park Lane, Great Harwood	...	...	...	...	39
	†Warren Holt, Whalley New Road, Wilpshire	...	...	...	...	26
6	Stanley Villas, 63, Albert Road, Colne	...	...	...	...	14
	Marles Hill, Wheatley Lane, Barrowford	...	...	...	...	27
	Higher Trapp, Trapp Lane, Simonstone	...	...	...	...	26
	†Andrew Smith House, Marsden Hall Road, Nelson	...	...	...	...	50
7	Marbenthe, Marine Terrace, Waterloo	...	...	...	...	21
	Sefton House, Junction Lane, Burscough	...	...	...	...	29
	Eskdale, Gloucester Road, Birkdale	...	...	...	...	34
8	The Limes, Chorley Road, Standish	...	...	...	...	24
	Burtholme, Chorley Road, Worthington	...	...	...	...	19
	Thorley House, Atherton Road, Hindley...	...	...	...	...	40
9	High Carrs, Broadgreen Road, Huyton-with-Roby	...	...	...	...	28
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby					50
10	Golborne House, Derby Road, Golborne	...	...	...	...	50
11	Hourigan House, Myrtle Avenue, Leigh	...	...	...	...	50
12	Hazelhurst, Bolton Road West, Ramsbottom	...	...	...	...	18
	Redcliffe, Hilton Lane, Prestwich	...	...	...	...	32
	†Croich Hey, Hawkshaw	...	...	...	...	27
	†Horncliffe House, Bury Road, Rawtenstall	...	...	...	...	38
13	Oaklands, Rochdale Road, Milnrow	...	...	...	...	12
	Olive House, New Line, Bacup	...	...	...	...	15
	Brooklyn, Rochdale Road East, Heywood	...	...	...	...	17
14	Claremont, 78, Windsor Road, Oldham	...	...	...	...	17
	Schofield House, Whalley Road, Middleton	...	...	...	...	40
	The Coppice, 84, Windsor Road, Oldham	...	...	...	...	22
	Broadway House, Broadway, Chadderton	...	...	...	...	50
15	Gilda Brook, Preston Avenue, Eccles	...	...	...	...	50
16	Grangethorpe, 98-100, Talbot Road, Stretford	...	...	...	...	25
17	Holme Lea, Astley Road, Stalybridge	...	...	...	...	19
TOTAL ...						1,374

* Partially occupied pending adaptations.

‡ Including 20 for short stay cases.

§ Including 10 for short stay cases.

† Hostel taken into use during 1953.

FORMER COUNTY PUBLIC ASSISTANCE INSTITUTIONS

Health Division No.	Premises	Accommodation at 31st December, 1958		
		Males	Females	Children
1	27, Stanley Street, Ulverston	32	19	—
2	Bay View House, 2, Quernmore Road, Lancaster	8	30	—
3	The Highlands, Wesham, Kirkham	50	80	—
4	Moorlands, 152, Eaves Lane, Chorley	25	50	—
5	Penmoor, Chatburn Road, Clitheroe	21	—	—
7	74, Wigan Road, Ormskirk... ..	63	60	—
9	Delphside, 1, Warrington Road, Whiston ...	47	62	38
11	Atherleigh Grange, Leigh Road, Leigh	48	68	—
12	380, Rochdale Old Road, Bury	28	28	—
15	Bridgewater House, Patricroft, Eccles	28	33	—
17	Lakeside, Ashton-under-Lyne	83	65	—
TOTAL		433	495	38

Although the number of available hostel places increased from 1,183 to 1,374 during 1958, the overall shortage of places still presented an acute problem at the end of the year, and the demand for vacancies continued to grow.

The vacation of allocated accommodation at Valley View, Rawtenstall, during the year created difficulty as the 101 residents had to be found alternative accommodation in hostels.

A further difficulty which has been experienced for several years arises from the inability of the County Council, due to lack of accommodation, to meet the requests for the transfer of County cases maintained under user agreements in County Borough accommodation.

Whilst the County Council's hostel building programme envisaged the withdrawal of most of these cases it was found possible to reduce the numbers by only 16 during the year and the position at the 31st December, 1958, was as follows :—

Authority	Accommodation	No. of County cases at 31st December	
		1957	1958
Blackburn C.B.C.	... Park View, Blackburn	19	18
Bolton C.B.C.	... Townley's Hospital Annexe	10	13
Burnley C.B.C.	... Moorfields, Burnley	66	48
Liverpool C.B.C.	... All premises	5	5
Preston C.B.C.	... Civic Hostel, Fulwood	36	36
Warrington C.B.C.	... Whitecross Homes, Warrington	13	13
Wigan C.B.C.	... Social Welfare Home, Frog Lane	7	7
		156	140

Voluntary Organisations.—At the 31st December, 1957, financial responsibility had been accepted by the County Council in respect of 391 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special need and handicap of the individual. During the year responsibility was accepted for a further 160 residents, but 91 persons were discharged and 36 died, leaving a total of 424 at the 31st December, 1958. Details of these figures will be found in Tables 25 and 26 on pages 206 to 208.

The comparable numbers for previous years were as follows :—

31st December, 1956	... ..	357
31st December, 1955	... ..	343
31st December, 1954	... ..	343
31st December, 1953	... ..	342
31st December, 1952	... ..	311
31st December, 1951	... ..	228
31st December, 1950	... ..	227
31st December, 1949	... ..	178
31st December, 1948	... ..	105

PROGRESS WITH ADDITIONAL ACCOMMODATION.—In February, 1958, Andrew Smith House, Nelson, a 50-place purpose-built hostel completed at the end of the previous year, was opened.

The first few months of the year also saw the furnishing and opening of the following adapted premises which were completed at the close of the previous year :—

Health Division No.	Premises	Accommodation
3 ... The Cumberland, Fleetwood	49
5 ... Warren Holt, Wilpshire	26
12 ... Croich Hey, Hawkshaw	27
12 ... Horncliffe House, Rawtenstall	38

The places which were provided as a result of the opening of the above five hostels were not all available for new demand. During the year, 101 residents at the allocated accommodation at Valley View, Rawtenstall, were found alternative accommodation due to the vacation of the premises.

The year under report saw the erection of Red Bank House, Radcliffe, and Ethel Hanley House, Ditton, Widnes—both 50-place purpose-built hostels—reach an advanced stage. Following Ministry of Health approval work was commenced on the erection of Sunnyside, Droylsden, and Greenways, Darwen, 35 and 50-place purpose-built hostels respectively, and on the adaptations at Millwood House, Barrow, which will increase the accommodation from 16 to 41 when completed.

Towards the close of the year there was a relaxation of the restrictions on capital expenditure which have considerably delayed the hostel building programme and the Ministry of Housing and Local Government intimated that sympathetic consideration would be given to the issue of loan sanction for schemes which local authorities were anxious to undertake, particularly in areas where unemployment was high. It was decided to make use of this opportunity and arrangements were being made at the close of the year to submit for loan sanction projects for the erection of 50-place purpose-built hostels at Westhoughton, Haslingden, Lancaster and Padiham, and a 35-place purpose-built hostel at Up Holland; and also for the installation of lifts at the allocated accommodation at Lakeside, Ashton-under-Lyne, and four of the early purpose-built hostels (Chadderton, Eccles, Golborne and Leigh).

Provision of Passenger Lifts.—A passenger lift was provided at Andrew Smith House, Nelson, the only purpose-built hostel which opened during the year and all future 35 and 50-place purpose-built hostels will be similarly equipped. This policy is an indication of the fact that an increasing proportion of the existing residents and of the new admissions are now very infirm; a trend which is also reflected in higher unit staff costs.

Work was commenced during the year on the installation of a lift at the Hermitage, Caton, adapted premises at which the installation had been previously agreed. Tenders were also invited for the installation of a lift at one of the early purpose-built hostels (Huyton), as previously authorised.

FUTURE POLICY.—To facilitate the evacuation of most of the allocated accommodation in former public assistance institutions, including that under the management of County Borough Councils in the geographical county where residents are maintained on behalf of the County Council, and to provide for new demand, a four-year programme was approved by the County Council in 1954 to provide some 1,200 new hostel places by 1959. Early in 1956, this programme was reviewed by the Health Committee in the light of the Government's call for restraint on capital expenditure and as a result the original hostel programme was extended from four to six years for completion in the financial year 1960–61.

The outstanding hostels under this programme where building work has yet to commence are purpose-built premises to be located as follows :—

Health Division No.	Project	No. of places
12 ... Haslingden	50
11 ... Westhoughton	50
2 ... Lancaster	50
6 ... Padiham	50
13 ... Wardle	50
8 ... Up Holland	35
14 ... Crompton	35
16 ... Stretford	50
4 ... Leyland	50
4 ... Penwortham	50
4 ... Chorley	35
15 ... Swinton	35
7 ... Site to be acquired	35
3 ... Kirkham	50
16 ... Urmston	50
9 ... Prescott	35
11 ... Farnworth	35
1 ... Ulverston	35

Under this programme existing allocated accommodation at 74, Wigan Road, Ormskirk, Atherton Grange, Leigh and Lakeside, Ashton-under-Lyne, where extensive improvements have been carried out, is to be retained.

At the 31st December, 1957, the total number on the waiting list for admission to residential accommodation was 369 and at the end of 1958 this number had risen to 442.

In view of the inadequate number of hostel places at present available and the consequent need for vigilance to ensure their most effective use, the following guidance has been issued to Divisional Health Committees in connection with admissions to hostels :—

- 1.—Priority to be given to those cases in the greatest need, *i.e.*, the very frail and senile who can only receive the care and attention they need in hostels.
- 2.—Persons should only be admitted to hostels when it is impracticable for them to be maintained at home with the help of the County Council's domiciliary services if needed.
- 3.—The main criterion in allocating vacancies should be the needs of the applicant and the possibility that he or she will require special attention or supervision should be a qualification.

SHORT STAY ACCOMMODATION.—The short stay scheme which was inaugurated in 1957 by the reservation of 20 places at the Empress Hostel, Morecambe, was extended in 1958 by the addition of a further 10 places at the Cumberland Hostel, Fleetwood.

The purpose of the short stay scheme is to provide residential accommodation at a seaside hostel under the following circumstances :—

- (a) Where the care and attention provided by relatives or friends is temporarily withdrawn owing to illness, where the relatives wish to take a holiday or where they need a respite from the task of caring for the aged person.
- (b) When a short stay in residential accommodation would provide a change of environment to enable aged persons to continue to live in their own homes. Such persons could be those on hostel waiting lists whose admission has been unavoidably delayed and for whom a change and period of care in short stay accommodation may help them to manage at home a little longer.
- (c) The scheme is also used to allow residents of other hostels to enjoy a change of environment.

The staff at the two hostels are too few to deal with heavily handicapped short stay residents, and applications under the scheme can be accepted only from those who are reasonably ambulant and capable of attending to their personal requirements.

This scheme does not apply to handicapped persons for whom facilities for the taking of holidays are available under para. 5 (6) of the County Council's Scheme for the Provision of Welfare Services under sections 29 and 30 of the National Assistance Act, 1948, nor to cases requiring a short period of convalescence either as a responsibility of the hospital authorities or under the provisions of section 28 of the National Health Service Act.

As was to be expected the demand for short-stay was heaviest during the summer months and at Christmas time. For the first quarter of the year there was a steady booking for the Empress but the accommodation was never completely full. The Empress Hostel was fully booked from April until November and from the middle of December until into the New Year. The Cumberland which was opened in June for six places and extended to 10 places in August was, like the Empress, fully booked until November, 1958. There were, however, vacancies for the Christmas period.

In all there were 329 admissions to the Empress, which included 18 married couples, and 95 admissions to the Cumberland.

The period of stay varies according to need, but is normally about 14 days. The arrangements are made conditional upon the relatives accepting the principle that the accommodation is provided on a temporary basis only.

Where possible, public transport is used by the old people in travelling to and from the hostels and in necessitous cases the County Council issue free railway vouchers. If public transport is not suitable a sitting case car is provided.

The charge for accommodation is the standard maintenance charge applicable to other County Council hostels, *i.e.* £5 5s. per week to 1st October, 1958, when the charge was increased to £5 13s. 9d. per week. Residents are assessed to pay for the accommodation in accordance with the second schedule of the National Assistance Act, 1948.

The scheme is operated by the Central Office and covers the whole County area.

AUTHORITY LIABLE FOR PROVISION OF ACCOMMODATION (SECTION 24).—It was formerly the general practice among local authorities to ignore periods spent in hospital in determining a person's ordinary residence for the purposes of the National Assistance Act, 1948. The result of several Ministry decisions on this question, however, was to validate the alternative point of view that an applicant's status of ordinary residence was not automatically preserved unchanged during a stay in hospital. In effect, therefore, many hospital patients came to be regarded as persons without a settled residence, so that if they required a transfer to welfare accommodation the responsible local authority was that for the area in which they applied for it.

In cases where such patients had previously lived in a different administrative area from that in which the hospital was situated, the new system was widely considered to be both burdensome for the authority made responsible and unfortunate for the patient (who was often deprived of the opportunity of being admitted to a hostel in the neighbourhood of his former home).

Following representations made by this authority to the County Councils Association, the Ministry recommended the adoption of an expedient to mitigate these difficulties (which incidentally have since been obviated by amending legislation). This was that local authorities should agree amongst themselves to accept these persons into accommodation in the area in which their homes had been located, under agency arrangements which made no provision for financial reimbursement by the "responsible" authority. During the year such reciprocal agreements were made with all county borough councils in Lancashire and with the councils of adjoining counties.

SPECIAL HOUSING FOR THE AGED.—In November, 1956, the County Council approved a scheme whereby grants would be made to meet the cost incurred by housing authorities in providing communal facilities and a resident warden in connection with housing schemes for the aged.

In March, 1957, the Minister of Housing and Local Government gave a general consent to the making by any County Council of contributions under section 126 of the Local Government Act, 1948, towards the whole or any part of any expenses incurred in the provision of housing specially suited to the needs of old people by the council of any County district within the area of the County concerned; subject to the condition that the contributions shall not exceed £30 per house per annum.

Although the general consent of the Minister is no longer applicable since section 126 has been repealed by section 56 of the Local Government Act, 1958, the County Council has as a matter of general policy limited its grants to £30 per house per annum. Applications for grant in excess of this amount on account of special circumstances are considered on their merits.

During the year 1958 the following schemes were approved for grant purposes :—

County district	Site				Number of units of accommodation		Estimated annual cost of welfare facilities			Estimated annual cost per unit of accommodation			
							£	s.	d.	£	s.	d.	
Atherton U.D.C.	...	Hagfold	...	...	20	...	553	0	0	...	27	13	0
Bacup M.B.C.	...	Glen Top	...	...	22	...	649	0	0	...	29	10	0
Chadderton U.D.C.	...	Coronation Gardens	...	...	34	...	274	0	0	...	8	1	2
Denton U.D.C.	...	Angier Grove	...	...	14	...	212	0	0	...	15	2	10
Denton U.D.C.	...	Thorpe Close...	...	...	20	...	217	0	0	...	10	17	0
Lancaster M.B.C.	...	Hare Runs	...	...	24	...	273	15	10	...	11	8	2
Nelson M.B.C.	...	Marsden Crescent	...	...	20	...	316	0	0	...	15	16	0
Nelson M.B.C.	...	Woodlands	...	...	16	...	320	0	0	...	20	0	0
Tottington U.D.C.	...	Leeman's Hill	...	...	14	...	280	0	0	...	18	8	7
Urmston U.D.C.	...	Woodsend Road	...	...	23	...	644	6	3	...	28	0	3
Walton-le-Dale U.D.C.	...	Brindle Road	...	...	20	...	599	0	0	...	29	19	0
Garstang R.D.C.	...	Kepple Lane	...	...	16	...	527	0	0	...	32	18	9
Preston R.D.C.	...	Studholme Avenue	...	...	28	...	685	0	0	...	24	9	4

A total of 22 schemes has now been approved and at the end of the year several more were under consideration. Although the minimum requirements to qualify for grant are the provision of the services of a warden and a call bell system, 12 district councils have also provided a communal room, a laundry, or both.

The schemes being approved usually involve the erection of specially designed small bungalows or flats, although at Eccles grant has been paid in respect of two houses which have been specially adapted to provide eight and 10 units of accommodation,

ACCOMMODATION FOR HOMELESS FAMILIES.—Until September, 1957, residential accommodation for aged and handicapped persons provided under Part III of the National Assistance Act, 1948, was used for families falling within the scope of section 21 (1) (b). Mothers were admitted to allocated accommodation and the children to either the nursery at Delphside, Whiston (if under five years of age) or the Children's Home at Bay View, Lancaster (if of school age). Husbands were expected to find lodgings for themselves. Inevitably this system involved the breaking up of the family.

The policy of the County Council for the last few years has been to maintain and preserve the family as a unit, primarily in the interests of the children, but also to improve the prospects of ultimate rehousing and to facilitate such rehabilitative work as may be possible or appropriate whilst the family are in County Council accommodation.

Two properties were brought into commission as special family unit accommodation in September, 1957—Hollins Cottage Homes, Farnworth, to provide for 12 families, and 31, Ashburton Road, Trafford Park, housing six families. Extensive search during 1958 failed to produce additional premises suitable for the purpose.

The properties are designed to provide separate quarters for each family, comprising living room, kitchen and bedrooms with separate bathroom and indoor and outdoor toilets. Electricity is supplied as part of the service and constant hot water is available but gas for cooking purposes is obtained by the families by prepayment slot meters.

Mothers are required to clothe and feed their families and to maintain their quarters in a clean and reasonable condition. The supervisors give such domestic training advice and help as conditions require whilst a social worker deals with personal problems primarily to secure rehousing of the families as quickly as possible.

Early in 1958 the Children's Home at Bay View was closed down, the children and mothers being re-united at the special family unit accommodation. To meet these circumstances the facilities at Hollins Cottage Homes were extended to provide for 21 families as from 1st April, 1958, making a total provision of 27 family places as against 44 unit places approved by the Health Committee in 1956.

Experience during the year proved the need for the additional family unit places to meet the normal average demand for temporary accommodation. Vacancies arising at the special family units are filled immediately they occur and the general situation is that one or two families have to be held at great inconvenience in residential accommodation for the aged pending vacancies arising.

Whilst a hard core of homeless families may be considered as having little prospect of rehabilitation into the normal life of the community the work of re-establishing families in permanent homes is reflected in the number of these families rehoused during the year.

A comparative statement of the families in temporary accommodation at the beginning and end of 1958 is given below :—

Premises	December, 1957.			December, 1958.			Total persons
	No. of families	Total persons		No. of families	Women	Children	
Hollins Cottage Homes, Farnworth	9	41	...	16	16	69	85
31, Ashburton Road, Trafford Park	6	27	...	6	6	24	30
Delphside, Whiston ... }	33	75	...	23	23	41	64
Other County establishments ... }				5	5	10	15
	48	143	...	50	50	144	194

During the year 110 families comprising 462 persons were admitted and 108 families of 411 persons were discharged. The following analysis gives details of those discharged from temporary accommodation :—

Period in County Council accommodation—

									No. of families
Less than four weeks	...	...	...	...	...	...	...	...	35
One to three months ...	...	...	...	...	...	...	...	...	24
Three to six months ...	...	...	...	...	...	...	...	...	25
Six to 12 months ...	...	...	...	...	...	...	...	...	15
Over 12 months ...	...	...	...	...	...	...	...	...	9

Reason for discharge—

Obtained tenancy of Council house	...	...	...	...	...	10
Obtained tenancy in private accommodation	...	...	...	...	...	23
Placed in "intermediate" accommodation	...	...	...	...	...	4
Returned to husband or other relative	...	...	...	...	...	30
Took own discharge—address unknown	...	...	...	...	...	41

Intermediate Housing.—In 1956 the County Council approved a scheme for dealing with the problem of homelessness in co-operation with district councils as housing authorities. The scheme provides for the County Council to reimburse to the district council certain financial losses incurred in respect of “intermediate” type of property made available for the housing of homeless families. During 1957 offers of such accommodation were accepted in respect of Chadderton U.D. (two houses), Dalton-in-Furness U.D. (two houses), and Padiham U.D. (two houses, although one was subsequently reclassified as normal rehousing). During 1958 further houses became available at Eccles M.B. (one), Swinton and Pendlebury M.B. (one), and Worsley U.D. (two—although one was withdrawn from the scheme to permit its use for normal rehousing.).

A total of eight intermediate houses from 109 County districts does not indicate the extent of co-operation which is desirable and whilst the offer of more properties would materially help the County Council in dealing with the problem, it must be reported that many district councils are willing to consider rehousing, even of families known to be “unsatisfactory,” through the normal housing arrangements without recourse to the County Council’s intermediate housing scheme. In only isolated cases have district councils refused to consider the rehousing of families originating from their districts.

Care of Aged Persons in their Own Homes.—A scheme concerning the care of the aged in their own homes was adopted by the County Council in 1954. The principal object of the scheme is to encourage and assist old people to continue to live in their own homes by the use of all available statutory and voluntary services; at the same time it aims at co-ordination and liaison between the statutory services and the voluntary organisations and fostering and encouraging the latter’s activities among the aged. By this means it is intended that no old person shall be overlooked nor his needs be neglected.

The scheme provides for the appointment by Divisional Health Committees of Welfare Sub-Committees with these functions :—

(a) To assist in the general well-being of the aged and infirm within the division with the particular object of ensuring that the County Council’s health and welfare services are made available and brought to bear wherever necessary and to co-ordinate these services with voluntary organisations and associations and their services.

(b) To make recommendations to the Divisional Health Committee as to any extensions to the County Council’s health or welfare services which may be necessary to meet the needs of the aged and, for this purpose, to encourage the setting up of voluntary district committees in each County district consisting of representatives of all interested organisations.

(c) To assist the voluntary district committees to carry out their objects.

(d) To carry out such other duties as may from time to time be placed upon them by the Divisional Health Committee.

The Welfare Sub-Committee is fully representative and includes members from each District Council, voluntary district Old People’s Welfare Committees and Hospital Management and Local Medical Committees. Officers of the National Assistance Board also serve in an advisory capacity together with geriatricians where such appointments have been made.

The scheme was originally introduced in Health Divisions Nos. 6, 11 and 17 as an experiment and in each of these divisions a divisional welfare organiser was appointed to ensure on behalf of the divisional medical officer that the primary object of the Welfare Sub-Committee is made effective, namely that by means of the County health and welfare services together with services available from voluntary organisations, no aged person is without the care and/or assistance in his or her house which his or her particular circumstances require.

By 1957 the scheme had been extended to cover the whole of the Administrative County area and a divisional welfare sub-committee and a divisional welfare organiser appointed for the remaining 14 health divisions.

During the year under report the development of the scheme continued, the main effort being directed towards the ascertainment of old people, particularly those living alone, and the classification and provision of the services they required.

Good progress was made in these two directions. Voluntary committees have been established in the majority of the urban districts and also in some of the parishes of the rural districts.

WELFARE OF HANDICAPPED PERSONS

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister. The arrangements made by the County Council for promoting the welfare of blind or partially sighted persons are carried into effect in accordance with a scheme approved by the Minister of Health.

Blind Persons.—During the year under report, the main effort of the County Council continued to be directed towards the registration of blind persons and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind, at home or in open industry, arrangements for the marketing of their produce and the promotion of the general social welfare of all registered blind persons.

REGISTRATION OF BLINDNESS.—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology.

During the year 1958, 1,057 examinations or re-examinations were arranged with the following results :—

	No.	Percentage of total number examined
Persons certified as blind	534	50·5
Persons certified as <i>not</i> blind	523	49·5

ALLEGED BLIND OR PARTIALLY SIGHTED PERSONS.—SOURCE OF REFERENCE.—The Ministry of Health suggested it would be useful to know the sources from which applicants for inclusion in the registers of blind or partially-sighted persons are being referred to local authorities for examination. Provision is now made for particulars to be entered on the form which is completed in respect of each applicant and the following statement shows the details in respect of the persons referred to the County Council for examination during 1958 :—

Referred for examination by—

(a) General practitioner	20
(b) Medical source other than general practitioner	96
(c) National Assistance Board	203
(d) Lay source other than National Assistance Board	304
TOTAL	623

At the end of 1958 there were 4,340 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1957	25	82	43	309	842	3,043	4,344
1958	20	87	44	301	855	3,033	4,340

SOCIAL REHABILITATION FOR BLIND PERSONS.—Persons who lose their sight in adult life and after a succession of unsuccessful operations realise that they will never see again become very depressed indeed. At Oldbury Grange in Shropshire, an establishment belonging to the Royal National Institute for the Blind, newly blind persons are admitted for social rehabilitation and their average length of stay is 13 weeks. It is found in the majority of cases that persons admitted to Oldbury Grange find new courage and new hope ; mental independence has replaced their despair, enabling the worker to go forward for vocational training and the housewife to take up again her household tasks.

During the year 1958 the County Council paid the major portion of the maintenance fees in respect of nine blind persons who were resident at this social rehabilitation centre.

INDUSTRIAL REHABILITATION FOR BLIND PERSONS.—If a blind person is recommended for a course of industrial rehabilitation, the County Council sends all details to the local office of the Ministry of Labour and National Service. Details of the person concerned are usually discussed by the County Council home teacher of the blind, the disablement resettlement officer of the Ministry of Labour and National Service and a County Council official, and if it is agreed that the blind person should undergo a course of industrial rehabilitation the Ministry of Labour and National Service make arrangements accordingly and pay the necessary fees.

During the year 1958, the County Council brought to the notice of the Ministry of Labour and National Service the names of 14 blind persons who were accepted for a course of industrial rehabilitation and they were admitted to either Manor House or America Lodge at Torquay, establishments belonging to the Royal National Institute for the Blind.

WORKSHOP EMPLOYMENT.—During the year 1958 the following 15 workshops for the blind employed a total of 167 blind persons under arrangements with the County Council :—

Controlling Body				Address of Workshops for the Blind
Accrington and District Institution for the Blind	...	...	...	32, Bank Street, Accrington.
Blackburn County Borough Council	...	...	...	Mill Hill Street, Mill Hill, Blackburn.
Blackpool and Fylde Society for the Blind	...	...	...	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council	...	...	...	Marsden Road, Bolton.
Burnley County Borough Council	...	...	...	Brunswick Street, Todmorden Road, Burnley.
Fulwood (Preston) Institute for Blind Welfare	...	...	...	Lytham Road, Fulwood, near Preston.
Liverpool Cornwallis Street Workshops for the Blind	...	...	...	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Institute	...	...	...	Brunswick Road, Liverpool.
Manchester Henshaw's Institution for the Blind	...	...	...	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind	...	...	...	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries	...	...	...	Werneth, Oldham.
St. Helens and District Workshops for the Blind	...	...	...	Boundary Road, St. Helens.
Stockport County Borough Council	...	...	...	St. Petersgate, Stockport.
Warrington County Borough Council	...	...	...	Wakefield Street, Warrington.
Wigan, Leigh and District Workshops for the Blind	...	...	...	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below :—

Occupation	Men	Women	Total
Firewood chopper	1	—	1
Brush maker	37	4	41
Machine knitter	—	30	30
Basket maker	37	5	42
Skip maker	19	—	19
Mat maker	13	—	13
Boot and shoe repairer... ..	9	—	9
Chair caner	—	2	2
Mattress maker	7	3	10
TOTAL	123	44	167

Remuneration.—Money payments were made to the blind persons employed in workshops on such basis as the Council decided in consultation with the authorities or the registered voluntary organisations managing the workshops and at the majority of the workshops for the blind the blind workers were paid a minimum wage in accordance with Group II of the Scheme of the National Joint Industrial Council for Manual Workers.

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour and National Service.

HOME EMPLOYMENT.—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, *i.e.*, other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff or by arrangements with the registered voluntary organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following agencies for the blind supervise on behalf of the County Council the blind persons included in home workers' schemes :—

Accrington and District Institution for the Blind.
 Barrow, Furness and Westmorland Society for the Blind.
 Burnley and District Society for the Blind.
 Colne and District Society for the Blind.
 Fulwood (Preston) Institute for Blind Welfare.
 Liverpool Cornwallis Street Workshops for the Blind.
 Manchester Henshaw's Institution for the Blind.
 Manchester National Library for the Blind.
 Rochdale and District Blind Welfare Society.
 Rossendale Society for the Blind.
 St. Helens and District Workshops for the Blind.
 Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed were as follows :—

Occupation	Men	Women	Total
Piano tuner	8	—	8
Machine knitter... ..	—	9	9
Braille copyist and proof-reader	3	4	7
Tea agent	1	—	1
Basket maker	2	—	2
Firewood dealer... ..	1	—	1
Newsvendor	2	—	2
Hand knitter	—	4	4
Boot and shoe repairer... ..	2	—	2
Poultry farmer	6	—	6
Nurseryman	1	—	1
Shopkeeper	1	—	1
Bobbin cleaner	1	—	1
TOTAL	28	17	45

Remuneration.—Under the revised Home Workers' Scheme of the County Council net earnings up to and including £4 10s. a week are augmented by the County Council by £3 15s. and £3 5s. a week for blind men and women respectively. The weekly augmentation is reduced in accordance with a sliding scale for earnings exceeding £4 10s. a week.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

EMPLOYMENT IN OPEN INDUSTRY.—The County Council, in consultation with the Ministry of Labour and National Service, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in open industry, that is to say, under contracts of service, or otherwise, in places elsewhere than special workshops. The following table shows the occupations in which blind persons were employed in open industry :—

Occupation	No. employed	Occupation	No. employed
Engineering operative	28	Woodworker	3
Labourer (various industries) ...	34	Home Teacher of the Blind... ..	1
Factory operative	75	Rag gatherer	2
Telephone switchboard operator ...	17	Agricultural worker	6
Dealer : tea, tobacco, newspapers... ..	10	Boarding house keeper	1
Piano tuner	4	Massage and physiotherapy	6
Shopkeeper	6	Packer... ..	6
Shorthand-typist and clerk	15	Music teacher... ..	3
Gardener	2	Schoolteacher... ..	1
Minister of religion	4	Agent and collector	4
Poultry farmer	7	Assistant Hospital Matron	1
Solicitor	2		
Domestic worker	7		245

HOME TEACHERS OF THE BLIND.—The County Council employed 42 home teachers of the blind, whose duties included :—

- (i.) discovery of blind persons and ascertainment of their needs ;
- (ii.) the visitation of blind persons in their homes or elsewhere within the area of the Council ;
- (iii.) teaching blind persons wherever practicable to read embossed literature ;
- (iv.) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities ;
- (v.) generally assisting in promoting the welfare of blind persons ;
- (vi.) advising blind persons of all available social services ;
- (vii.) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness ;
- (viii.) organising social centres and classes.

SOCIAL AND HANDICRAFT CENTRES.—There were 56 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following table shows the districts in which social and handicraft centres have been established :—

Accrington	Eccles	Ormskirk
Ashton-in-Makerfield	Failsworth	Padiham
Ashton-under-Lyne	Fleetwood	Radcliffe
Atherton	Fulwood	Ramsbottom
Bacup	Heywood	*Rochdale
*Barrow-in-Furness	Horwich	Royton
*Blackpool	Huyton	*St. Helens
*Bolton	Kearsley	Stretford
*Burnley	Kirkby	Swinton and Pendlebury
Chadderton	Lancaster	Thornton Cleveleys
Chorley	Leigh	Tottington
Clitheroe	Litherland	Turton
Colne	Lowton	Ulverston
Crompton	Middleton	Walton-le-Dale
Crosby	Morecambe	Westhoughton
Darwen	Mossley	Widnes
Denton	Nelson	*Wigan (3)
Droylsden	*Oldham	Worsley

*Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

TALKING BOOKS FOR BLIND PERSONS.—"Talking Book" machines are specially designed gramophones which play records obtained from the Royal National Institute for the Blind's "Talking Book" Library. They have proved of immeasurable benefit to many blind persons, especially those who, because of age or infirmity, have been unable to learn Braille.

Approval was given to the purchase each year of 10 such machines as part of the general welfare facilities provided by the County Council for blind persons and they will be made available on loan to blind persons, provided they are unable to meet the cost of a "Talking Book" themselves and satisfy any one of the following priority conditions :—

- (a) Loneliness, *e.g.*, living alone, alone during the day, living in rural or isolated conditions.
- (b) Suffering from additional disability or disease.
- (c) Having limited expectation of life.
- (d) Experiencing difficulty of adjustment to blindness.
- (e) Having a proved literary interest.

There are 73 blind persons on the County Council register who have the use of "Talking Book Machines" which have been obtained from various sources. Now that delivery has commenced of the machines ordered by the County Council this number should increase each year, but not to the number anticipated. Only 11 of the machines being used by blind persons have been supplied by the County Council although more have been ordered. The Royal National Institute for the Blind has over 1,000 names on the waiting list for the supply of machines and is not able to indicate with any certainty when a machine which has been ordered will be supplied.

HOLIDAYS FOR BLIND PERSONS.—The scheme of the County Council for the welfare of the blind provides that the Council shall continue to promote facilities for holidays for blind persons at holiday homes. During 1958 holidays were arranged for 15 blind persons as follows :—

Home							*No. of blind persons
Leeds House, New Brighton...	...	...	...	...	...	...	4
Henderson Holiday Home, Blackpool	...	...	...	...	...	...	4
Beachways, Southport	...	...	...	...	...	...	3
Braemar Hotel, Bournemouth	...	...	...	...	...	...	3
Craven Lodge, Harrogate	...	...	...	...	...	...	1
							<hr/> 15 <hr/>

*Not included in Table 26, page 208.

Transport was provided by an ambulance service vehicle between the home of the blind person and the holiday home for eight of the blind persons referred to above.

WIRELESS TELEGRAPHY ACTS, 1949 AND 1955.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough may receive a wireless licence without the payment of any fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmologists acting on behalf of the County Council, the required certificate is issued.

During the year 1958, 466 certificates were issued.

CERTIFICATES OF BLINDNESS FOR THE NATIONAL ASSISTANCE BOARD.—To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, certificates of blindness in respect of the majority of the 534 persons who were registered as blind during the year 1958 were forwarded to the National Assistance Board.

DISABLED PERSONS (EMPLOYMENT) ACT, 1944.—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

Partially Sighted Persons.—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

A register of partially sighted persons resident in the Administrative County area is maintained, and the services and facilities provided in respect of blind persons are made available to them.

At the end of 1958 there were 1,104 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the figures for the preceding year are also given.

Year	Age in years						Total (all ages)
	0—	5—	16—	21—	40—	60—	
1957	1	81	35	46	147	734	1,044
1958	4	74	34	58	154	780	1,104

Follow-up of Registered Blind and Partially Sighted Persons.—The following statement gives information as to the incidence of blindness with particular reference to cataract and glaucoma among old people and retrolental fibroplasia among premature infants.

	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(i.) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommended :—				
(a) No treatment	86	22	—	147
(b) Treatment (medical, surgical or optical)	175	62	—	187
(ii.) Number of cases at (i) (b) above which on follow-up action have received treatment	109	47	—	139

Deaf or Dumb Persons.—THE NATIONAL ASSISTANCE (DEAF AND DUMB PERSONS) SCHEME, 1952.—The scheme of the County Council for providing welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947."

REGISTRATION.—Deaf persons whose names were included on the register of an agency for the deaf have been accepted without examination by the Council for inclusion on their register of deaf persons.

LOCAL AUTHORITY REPRESENTATION.—Provision has been made for local authority minority representation on the committees of the various agencies of the deaf.

READJUSTMENT OF AREAS.—Arrangements have been made for the retention for the time being by the Deaf and Dumb Societies of the areas for which they have been responsible over a period of years.

FINANCIAL ARRANGEMENTS.—The contributions from the County Council to some of the Deaf and Dumb Societies were arrived at on the basis of £3 per annum for each deaf and dumb person over 16 years of age on their registers at the 1st April, 1958, but to meet additional expenditure the majority of the societies have received contributions on the basis of £5 to £15 per annum in respect of each deaf and dumb person over 16 years of age. Early in the financial year advance payments by the County Council were made to Societies for the Deaf and Dumb of 80 per cent. of the grant paid for the previous financial year and the balance of payment will be made at a later date according to the additional expenditure of the various societies.

The following statement shows the Societies for the Deaf and Dumb which received payments from the County Council for 1958 and the number of deaf and dumb persons resident in the Administrative County area who were supervised by these societies :—

Deaf and Dumb Society										No. of deaf and dumb persons
Blackpool	...	...	...	...	...	...	...	...	...	36
Bolton, Leigh and District	...	...	...	...	...	...	...	...	...	122
Bury and District	...	...	...	...	...	...	...	...	...	14
Carlisle (Barrow)	...	...	...	...	...	...	...	...	...	15
Liverpool Adult Deaf and Dumb Society	...	...	...	...	...	...	...	...	...	100
Liverpool Catholic Deaf Society of St. Vincent de Paul	...	...	...	...	...	...	...	...	...	25*
Manchester	...	...	...	...	...	...	...	...	...	190
North and East Lancashire	...	...	...	...	...	...	...	...	...	196
Oldham	...	...	...	...	...	...	...	...	...	41
Rochdale	...	...	...	...	...	...	...	...	...	39
Southport	...	...	...	...	...	...	...	...	...	15
St. Helens	...	...	...	...	...	...	...	...	...	25
Warrington	...	...	...	...	...	...	...	...	...	30
Wigan	...	...	...	...	...	...	...	...	...	77
										900

* Included in the 100 supervised by the Liverpool Adult Deaf and Dumb Society.

The amount paid to the North Regional Association for the Deaf for the financial year 1958–59 was £601 3s. 3d.

Handicapped Persons other than the Blind, Partially Sighted and Deaf and Dumb.—The County Council's scheme for the welfare of handicapped persons other than those who are blind, partially sighted, hard of hearing or deaf and dumb has now been in operation since 1952. Since then the services provided have developed steadily and during 1958 were further consolidated.

REGISTER.—The number of persons whose names are on the register again showed an increase over the previous year, and on the 31st December, 1958, there were 7,313. This compares with 6,408 registered at the end of 1957 and 5,563 at the end of 1956. The following is a summary of the register at the end of 1958, classified in accordance with the Ministry of Labour's code for disabled persons :—

Code	Classification of handicap	Sex	Age in years					
			0—	16—	30—	50—	70—	Total (all ages)
A/E	Amputation	M.	7	8	92	173	45	325
		F.	8	5	20	47	20	100
F	Arthritis and rheumatism	M.	7	2	29	98	28	164
		F.	6	11	73	380	138	608
G	Congenital malformations and deformities	M.	67	37	31	37	3	175
		F.	47	50	33	49	11	190
H/L	Diseases of digestive and genito-urinary systems, of heart or circulatory system, of respiratory system (other than tuberculosis) and of skin	M.	166	41	75	199	28	509
		F.	124	41	48	137	24	374
Q/T	Injuries of head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of upper and lower limbs and of spine	M.	20	29	71	146	20	286
		F.	13	15	40	77	28	173
V	Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	M.	150	189	277	240	51	907
		F.	123	139	234	249	42	787
U/W	Neurosis, psychoses and other nervous and mental disorders not included in V	M.	527	267	189	65	10	1,058
		F.	398	273	214	82	31	998
X	Tuberculosis (respiratory)	M.	11	13	60	38	4	126
		F.	13	12	22	10	2	59
Y	Tuberculosis (non-respiratory)	M.	10	15	12	4	—	41
		F.	2	10	13	8	2	35
Z	Diseases and injuries not specified above	M.	153	24	24	18	5	224
		F.	62	43	20	36	13	174
	TOTAL	M.	1,118	625	860	1,018	194	3,815
		F.	796	599	717	1,075	311	3,498

OCCUPATIONAL THERAPY.—During the year a number of health divisions were able to appoint full-time occupational therapists and at the end of the year nine divisions were each employing one occupational therapist whilst one (health division No. 9) employed two. In the remaining seven divisions, part-time occupational therapists or handicraft teachers had been engaged. This staff, in addition to domiciliary visiting and teaching, also attended classes organised at County Council social centres for handicapped persons and, in some divisions, at hostels for the aged. In 1958, 8,340 domiciliary visits were made to 1,108 handicapped persons as compared with 6,571 visits to 594 persons in 1957, and 5,073 visits to 379 persons in 1956. In some areas, handicraft classes were provided under the Further Education Regulations, the teaching staff being employed by the Education Committee. The number of handicapped persons attending these classes and those held at social centres was 590. The comparable figure for 1957 was 463 and, for 1956, 302.

SOCIAL CENTRES.—One of the main needs of the handicapped person is the opportunity to partake in social activities. This is particularly so for those whose handicap is severe enough to make employment away from home impossible. Whilst domiciliary handicrafts instruction can be given by the occupational therapist it is generally preferable to hold classes at a regular social gathering and, with this in mind, the County Council are extending the provision of social centres for handicapped persons. By the end of 1958 16 of these centres, with an active membership of 414, had been opened in various parts of the County area. At present it is seldom possible to have meetings more than once each week, usually in the evening. There is still much scope for development of social activities for the handicapped and arrangements are in hand to hold additional meetings at certain centres, some of which will be in the evening for the convenience of intending members who are working during the daytime. The number of centres will also be increased.

Consideration was given during the year to the question of appointing specialised social workers to assist in extending the provision of group activities for the handicapped and to undertake casework and other duties under the Council's scheme. As a pilot scheme, the employment of a social worker for the handicapped in each of two health divisions (Nos. 13 and 14) was authorised, and by the end of the year an appointment had been made in health division No. 14. It had not been possible, however, to secure a suitable officer in health division No. 13.

Social activities are also provided in some areas by voluntary associations and in particular by the Inskip League of Friendship, the Cripples' Help Society and the Invalid Tricycle Association. During the year the County Council gave financial assistance to these voluntary associations, and were represented on the committees of the Cripples' Help Society and those of branches of the Inskip League of Friendship.

RESIDENTIAL ACCOMMODATION.—The County Council provide residential accommodation for handicapped children in six special schools administered by the Education Committee and also maintain some children in special schools run by other authorities or voluntary organisations.

The question of providing special hostels for the handicapped was reviewed during the year by the Health Committee, when it was concluded that the ultimate need would probably be for three or four 35-place hostels, one of which should be situated in the Fylde coast area and the others in areas near to Manchester, Liverpool and Preston. The County Architect was authorised to seek a suitable site on the Fylde coast but had reported no success by the end of the year.

On the 31st December, 1958, the County Council were maintaining 174 epileptics in colonies and 27 cripples in homes run by voluntary organisations. These compare with 185 epileptics and 18 cripples maintained at the end of 1957 and 178 epileptics and 14 cripples at the end of 1956. In addition, 372 handicapped persons were maintained in County Council hostels or allocated accommodation, but the great majority of these were aged persons with handicaps associated with old age.

HOLIDAYS.—Arrangements were made for 181 handicapped persons to have a holiday during the year and of these persons 157 were sent to Beachways at Southport. In the previous year 176 persons had been sent on a holiday, whilst in 1956 the number was 173. Transport to and from the holiday home was provided by the County Council for 134 holiday cases in 1958 as compared with 132 in 1957 and 150 in 1956.

TRANSPORT.—The County Council can provide transport for handicapped persons in travelling to and from their homes to participate in any of the services provided under the handicapped persons scheme and, in addition to the transport mentioned in the preceding paragraph, arrangements were made for severely handicapped persons to be conveyed to weekly meetings at social centres. Where possible, this transport is provided by the County ambulance service and during the year 171 persons were regularly conveyed to social centres by ambulance vehicles. In areas where this cannot be arranged private hire transport is obtained and in 1958 61 persons were regularly conveyed to centres by this type of transport.

ADAPTATIONS AT THE HOMES OF HANDICAPPED PERSONS.—Adaptations were carried out at the homes of 44 handicapped persons where the person concerned was to receive a vehicle from the Ministry of Health. The cost to the County Council was £1,087 4s. 11d. In addition, a further £824 11s. 1d. was paid for adaptations at the homes of 25 handicapped persons to provide for their greater comfort or convenience. Thus £1,911 16s. was spent on 69 projects in 1958. In 1957, £1,765 12s. 11d. was spent on 77 projects and in 1956, £917 13s. 5d. on 42 projects.

EPILEPTICS AND SPASTICS.—The following statement shows the number of persons ordinarily resident in the Administrative County who are known to be suffering from epilepsy or cerebral palsy :—

								Age (years)		
								0—	16—	Total
<i>Epileptics—</i>										
At home ...	...	...	...	...	...	...	...	74	219	293
In special schools	...	...	...	...	...	...	...	37	—	37
In epileptic colonies	...	...	...	...	...	...	...	—	174	174
In Part III accommodation	...	...	...	...	...	...	...	—	22	22
								<u>111</u>	<u>415</u>	<u>526</u>
<i>Spastics—</i>										
At home ...	...	...	...	...	...	...	...	141	204	345
In special schools	...	...	...	...	...	...	...	65	—	65
In homes run by voluntary associations	...	...	...	...	...	...	...	—	7	7
In Part III accommodation	...	...	...	...	...	...	...	1	3	4
								<u>207</u>	<u>214</u>	<u>421</u>

Detailed information has been given in previous reports about the services provided for epileptics and spastics under the Education Act, 1944, the National Health Service Act, 1946, and the National Assistance Act, 1948, and also about liaison between the local health services and the diagnostic and remedial services provided by regional hospital boards. Similar arrangements operated throughout 1958. At the end of the year the pamphlet "Care of Epileptics" prepared by the Standing Medical Advisory Committee for the Central Health Services Council and the Minister of Health was issued to divisional medical officers, assistant divisional medical officers and health visitors. Full information was obtained from the Manchester and Liverpool Regional Hospital Boards about present arrangements and future plans for special diagnostic and treatment centres for epileptics and, following the issue of this information to divisional medical officers and the pamphlets mentioned above, it is hoped that the existing arrangements for co-operation between the hospital services, the general practitioner and the local authority services will be further strengthened.

OTHER SERVICES

Registration of Homes for Disabled and/or Old Persons.—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the councils of counties and county boroughs of disabled persons' and old persons' homes.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the divisional health committees and 46 such homes were registered at 31st December, 1958. The homes are situated in the areas of the following health divisions :—

Health Division No.	District	No. of registered homes
1	Grange U.D.	1
2	Lancaster M.B....	2
	Lancaster R.D....	3
	Morecambe and Heysham M.B.	2
3	Lytham St. Annes M.B.	6
	Fleetwood M.B.	1
	Thornton Cleveleys U.D.	1
4	Fulwood U.D. ...	1
	Preston R.D. ...	1
6	Nelson M.B. ...	2
7	Crosby M.B. ...	8
	Formby U.D. ...	2
	West Lancashire R.D....	1
9	Widnes M.B. ...	1
10	Warrington R.D.	1
11	Leigh M.B. ...	2
12	Prestwich M.B....	3
	Tottington U.D.	1
	Whitefield U.D.	1
15	Eccles M.B. ...	2
	Swinton and Pendlebury M.B.	1
16	Stretford M.B. ...	1
	Urmston U.D. ...	1
17	Ashton-under-Lyne M.B.	1
	TOTAL—Administrative County ...	46

War Charities Act, 1940.—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate divisional health committees and at 31st December, 1958, there were 63 charities registered.

Temporary Protection of Property.—Where a person is admitted to any hospital or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) and it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

This duty is imposed by section 48 of the National Assistance Act, 1948, but the Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for Hospital Management Committees to co-operate by notifying divisional medical officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made. Since the Act came into force on the 5th July, 1948, there has been a progressive increase in the volume of work falling to be carried out under the provisions of this particular section of the Act.

Apart from the cases mentioned, there arises also the problem of safeguarding the property of those patients who are incapable of managing their own affairs because of mental incapacity. Jurisdiction in these matters is exercised through the Court of Protection, Royal Courts of Justice, to whom it is necessary to make application for orders appointing receivers to manage and administer a patient's estate or give such other directions as may be appropriate and necessary. Section 49 of the National Assistance Act, 1948, authorises the defraying of expenses in connection with applications made by an officer of the County Council.

Where there are no relatives able or willing to act on behalf of the patient, applications are made centrally and require much care in preparation and presentation as well as in acting upon the Court's directions.

Not infrequently the department is called upon to deal with the estates of residents in hostels, or in cases where protective steps have been taken under section 48 of the National Assistance Act, who die leaving no known next-of-kin, and this involves the preparation of a detailed report to the solicitor for the Duchy of Lancaster.

The following summary shows the number of cases dealt with under these headings during the course of the year :—

Applications to the Court of Protection for the appointment of a receiver or the issue of other directions in the estates of mental patients	11
Other action to protect patients' property	5
Applications to the Court of Protection to determine receivership orders owing to death or discharge of patient	1
Action to dispose of property of deceased patients/residents, including reports to solicitor for the Duchy of Lancaster	10
Former mental patients restored to management of their own affairs ...	1
Cases referred in respect of debts due to the County Council where a charge was established with the court	13*
Miscellaneous	21
TOTAL	62

* The total sum recovered as a result of this action was £1,019.

Civil Defence.—Welfare Section.—The County Medical Officer of Health was appointed by the County Council as head of the Welfare Section of the County Division of the Civil Defence Corps and also as the County Rest Centre Officer. A considerable volume of work arises in connection with these appointments and this is described briefly in the following paragraphs.

REST CENTRE OFFICER.—The Rest Centre Service is one in respect of which the County Council is charged both with planning and operational responsibility. As Rest Centre Officer the County Medical Officer of Health is responsible for the plans and arrangements for the care of the homeless and other refugees and the provision of rest centre accommodation in the event of war. The work involved has been and still is very comprehensive but much of it is confidential and cannot be referred to in detail. It has included—

(a) the formulation of the County Council's rest centre plan embodying zonal plans in respect of target and vulnerable areas ;

(b) earmarking of premises for use as rest centres in accordance with the County Council's plan ; and

(c) co-ordination of the rest centre plans and of the premises earmarked for use as rest centres with the plans and premises earmarked for use as emergency meals centres.

The County Council, on the recommendation of the Civil Defence Committee, have decided, subject to the approval of the Minister of Health, to delegate to District Councils responsibility for the staffing and local operation of rest centres.

Agreement about delegation was reached with most County District Councils ; the remaining Councils mainly envisaged staffing difficulties and negotiations were proceeding.

WELFARE SECTION.—The officer appointed head of the section is responsible for making arrangements for the training of the personnel of that section in the specialised duties of the section. In the case of the welfare section this is rendered more difficult by the fact that unlike other sections of the corps which cover one service only, the welfare section is comprised of a number of distinct services. Although the welfare of the public is the predominant feature of each of them they are very diverse in type and operational or functional responsibility for them rests partly with the County Council and partly with County District Councils.

These services are as follows :—

Service	Functional or operational responsibility
Care of the homeless and rest centres ...	... County Council—Delegation of local operation to County District Councils. Overall planning and responsibility remain with the County Council.
Emergency feeding ...	... County Council, overall planning.—Local operation delegated to County District Councils.
Evacuation and billeting ...	... County District Councils.
Information ...	... County District Councils.
Shelter, welfare and hygiene	... County District Councils.

It was decided, as part of the County Council's Civil Defence Scheme, that the County Medical Officer of Health would act through the divisional medical officers, who would be the appropriate officers locally for welfare purposes and the divisional basis on which normal health and welfare functions are administered has been followed in the matter of welfare section training.

There has not, however, been any delegation or referring of civil defence functions to Divisional Health Committees. The County Medical Officer of Health in civil defence matters acts as the officer of the Civil Defence Committee and the divisional medical officers, as his representatives locally, are similarly acting on behalf of that Committee.

The training of volunteers continued throughout the year in most areas. In July there were seven centrally trained and 24 locally trained instructors available and the following numbers of volunteers had completed their standard training :—

Evacuation and care of the homeless (only) ...	800
Emergency feeding ...	99
Evacuation, etc., and emergency feeding ...	412
	<hr/>
	1,311
	<hr/>

There were also 1,005 volunteers who had not commenced training.

Every effort was made to select the right type of volunteer for training as a local instructor and selected local instructors were recommended for Home Office courses.

Compulsory Removal of Persons in need of Care and Attention.—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

Local authorities are naturally reluctant to use such powers until the informal means of advice and sympathetic persuasion have failed to secure voluntary agreement of the patient to such action as is considered necessary. In only eight cases in eight County districts were court orders made during the year and in seven cases removal to hospital was effected. Three subsequently died, one agreed to remain in hospital on a voluntary basis and one was eventually transferred to accommodation provided under Part III of the Act where she voluntarily elected to stay. In the eighth case it proved impracticable to enforce the order and medical attention and nursing care were provided at the patient's home.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—The populous portions of the Administrative County are, on the whole, well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1958 together with the owning authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated.

LOCAL WATER SUPPLIES.

Urban Districts	Authority owning supply	Source of supply
Abram	Liverpool C.B.C.	Rivington reservoir.
Accrington (B.)	Accrington District Water Board ; Burnley C.B.C. ; Manchester C.B.C.	Moorland and deep wells ; borehole and colliery ; Haweswater.
Adlington	Manchester C.B.C. ; Blackrod U.D.C.	Thirlmere ; upland surface water and springs.
Ashton-in-Makerfield	Ashton-in-Makerfield U.D.C. ; Liverpool C.B.C.	Upland surface water ; Rivington reservoir.
Ashton-under-Lyne (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield valleys.
Aspull	Bolton C.B.C. ; Liverpool C.B.C. ; Wigan R.D.C.	Upland surface water ; Rivington reservoir ; deep wells.
Atherton... ..	Manchester C.B.C. ; Bolton C.B.C.	Thirlmere ; upland surface water.
Audenshaw	Ashton-under-Lyne, etc., Waterworks Joint Committee ; Manchester C.B.C.	Brushes and Greenfield Valley ; Thirlmere.
Bacup (B.)	Bacup M.B.C.	Cowpe and Sheephouse reservoirs.
Barrowford	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Billinge and Winstanley	Wigan C.B.C. ; Liverpool C.B.C.	Deep wells, disused colliery shafts ; Rivington reservoir.
Blackrod... ..	Blackrod U.D.C.	Upland surface water and springs.
Brierfield... ..	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Carnforth	Lancaster M.B.C.	Moorland—reservoir at Withnets.
Chadderton	Oldham C.B.C. ; Manchester C.B.C. ; Heywood and Middleton Water Board	Piethorne reservoir ; Thirlmere ; Ashworth Moor, Knoll Moor and Rooley Moor.
Chorley (B.)	Liverpool C.B.C. ; Manchester C.B.C.	Rivington reservoir ; Thirlmere.
Church	Accrington District Water Board ; Oswaldtwistle U.D.C.	Moorland and deep wells ; upland surface water and disused mine workings.
Clayton-le-Moors	Accrington District Water Board	Moorland and deep wells.
Clitheroe (B.)	Clitheroe M.B.C.	Grindleton Fell.
Colne (B.)	Colne M.B.C.	Moorland and springs—Laneshaw reservoir.
Crompton	Oldham C.B.C.	Various upland sources.
Crosby (B.)	Liverpool C.B.C.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness	Barrow-in-Furness C.B.C.	Upland surface water.
Darwen (B.)	Darwen M.B.C. ; Bolton C.B.C.	Upland surface water.
Denton	Manchester C.B.C.	Thirlmere, Woodhead and Haweswater.
Droylsden	Manchester C.B.C.	Longdendale reservoir.
Eccles (B.)	Manchester C.B.C.	Thirlmere.
Failsworth	Oldham C.B.C. ; Manchester C.B.C. ; Ashton-under-Lyne, etc., Waterworks Joint Committee	Piethorne reservoir ; Thirlmere ; Brushes and Greenfield valley.
Farnworth (B.)	Bolton C.B.C.	Upland surface water.
Fleetwood (B.)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood	Fulwood U.D.C. ; Fylde Water Board	Beacon Fell and Saddle Fell ; Grizedale and Stocks valleys.

LOCAL WATER SUPPLIES (*continued*).

Urban Districts	Authority owning supply	Source of supply
Golborne... ..	(a) Ince-in-Makerfield U.D.C. ; (b) Newton-le-Willows U.D.C. ; (c) Liverpool C.B.C. ; (d) Warrington C.B.C.	(a) Deep wells ; (b) Deep wells ; (c) Rivington reservoir ; (d) Deep wells.
Grange	Grange U.D.C.	Upland surface water and spring.
Great Harwood ...	Accrington District Water Board	Moorland and deep wells.
Haslingden (B.)...	Irwell Valley Water Board ; Accrington District Water Board	Various upland sources and deep wells.
Haydock... ..	Liverpool C.B.C. ; St. Helens C.B.C.	Rivington reservoir ; deep wells.
Heywood (B.) ...	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley	Liverpool C.B.C.	Rivington reservoir.
Horwich	Horwich U.D.C.	Moorland, deep well and springs.
Huyton-with-Roby	Liverpool C.B.C.	Lake Vyrnwy.
Ince-in-Makerfield	Ince-in-Makerfield U.D.C. ; Liverpool C.B.C.	Deep artesian wells ; Rivington reservoir.
Irlam	Manchester C.B.C. ; Warrington C.B.C.	Thirlmere ; deep wells.
Kearsley	Bolton C.B.C. ; Irwell Valley Water Board	Various upland sources.
Kirkby	Liverpool C.B.C. ; St. Helens C.B.C.	Upland surface ; deep well.
Kirkham... ..	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.) ...	Lancaster M.B.C. ; Manchester C.B.C. (emergency only)	Moorland surface water—Upper Wyresdale ; Thirlmere.
Lees	Oldham C.B.C.	Upland surface water.
Leigh (B.)	Liverpool C.B.C. ; Manchester C.B.C.	Rivington reservoir ; Thirlmere.
Leyland	Leyland U.D.C. ; Manchester C.B.C.	Deep boreholes ; Thirlmere.
Litherland	Liverpool C.B.C.	Lake Vyrnwy.
Littleborough ...	Rochdale C.B.C.	Upland surface water.
Little Lever	Irwell Valley Water Board	Various upland sources.
Longridge	Preston C.B.C.	Upland surface water.
Lytham St. Annes (B.)...	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B.) ...	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow	Rochdale C.B.C. ; Oldham C.B.C.	Various upland sources.
Morecambe & Heysham (B.)	Lancaster M.B.C.	Moorland surface water—Upper Wyresdale.
Mossley (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield Valley.
Nelson (B.)	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Newton-le-Willows	Newton-le-Willows U.D.C.	Deep wells.
Ormskirk	Ormskirk U.D.C. ; Southport and District Water Board	Deep wells.
Orrell	Orrell U.D.C. ; Wigan C.B.C.	Disused mine shaft and deep wells.
Oswaldtwistle ...	Oswaldtwistle U.D.C.	Upland surface water and disused mine workings.
Padiham... ..	Padiham U.D.C.	Moorland surface water—Churnclough and Stainscombe.
Poulton-le-Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot	Liverpool C.B.C.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.) ...	(a) Manchester C.B.C. ; (b) Heywood and Middleton Water Board ; (c) Irwell Valley Water Board	(a) Thirlmere ; (b) Ashworth Moor, Knoll Moor and Rooley Moor ; (c) Various upland sources and deep well.
Radcliffe (B.) ...	Irwell Valley Water Board ; Bolton C.B.C.	Various upland sources and deep well.
Rainford... ..	St. Helens C.B.C.	Deep wells.
Ramsbottom	Irwell Valley Water Board	Various upland sources.

LOCAL WATER SUPPLIES (*continued*).

Urban Districts	Authority owning supply	Source of supply
Rawtenstall (B.) ...	Irwell Valley Water Board ; Bacup M.B.C.	Various upland sources.
Rishton	Accrington District Water Board	Moorland and deep wells.
Royton	Oldham C.B.C.	Various upland sources.
Skelmersdale	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree	Liverpool C.B.C. ; Manchester C.B.C.	Anglezarke ; Thirlmere.
Stretford (B.)	Manchester C.B.C.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury(B)	Bolton C.B.C. ; Manchester C.B.C.	Upland surface water ; Thirlmere.
Thornton Cleveleys ...	Fylde Water Board	Moorland water—Grizedale and Stocks.
Tottington	Irwell Valley Water Board	Various upland sources.
Trawden	Trawden U.D.C.	Springs—Boulsworth Hill.
Turton	Bolton C.B.C.	Upland surface water.
Tyldesley	Manchester C.B.C.	Thirlmere and Haweswater.
Ulverston	Barrow-in-Furness C.B.C.	Upland surface water—Pennington reservoir.
Up Holland	Up Holland U.D.C.	Two deep wells at Tontine and Roby Mill.
Urmston	Manchester C.B.C.	Thirlmere and Longdendale.
Walton-le-Dale	Manchester C.B.C. ; Preston C.B.C.	Thirlmere ; upland surface water.
Wardle	Rochdale C.B.C.	Upland surface water.
Westhoughton	Bolton C.B.C.	Upland surface water.
Whitefield	Irwell Valley Water Board	Various upland sources.
Whitworth	Rochdale C.B.C.	Upland surface water.
Widnes (B.)	Widnes M.B.C.	Deep wells.
Withnell	Liverpool C.B.C.	Withnell reservoir.
Worsley	Bolton C.B.C. ; Manchester C.B.C.	Upland surface water ; Thirlmere.
RURAL DISTRICTS		
Blackburn	(a) Blackburn C.B.C. ; (b) Manchester C.B.C. ; (c) Darwen M.B.C. ; (d) Oswaldtwistle U.D.C.	(a) Brennand ; (b) Thirlmere ; (c) and (d) upland surface water.
Burnley	Burnley R.D.C. ; Burnley C.B.C. ; Nelson M.B.C. ; Accrington District Water Board ; Padiham U.D.C.	Chiefly upland surface water, springs and boreholes.
Chorley	Manchester C.B.C.	Thirlmere.
Clitheroe	Clitheroe R.D.C. ; Blackburn C.B.C. ; Accrington District Water Board ; Fylde Water Board ; Clitheroe M.B.C. ; Manchester C.B.C.	Moorland and springs.
Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang	Fylde Water Board	Moorland water—Grizedale and Stocks.
Lancaster	(a) Manchester C.B.C. ; (b) Lancaster M.B.C. ; (c) Fylde Water Board	(a) Thirlmere ; (b) Wyresdale Fells ; (c) Grizedale and Stocks.
Lunesdale	Lunesdale R.D.C. ; Manchester C.B.C.	Caton and Hornby Castle ; Thirlmere.
Preston	(a) Preston C.B.C. ; (b) Manchester C.B.C. ; (c) Fylde Water Board ; (d) Fulwood U.D.C.	(a) Langden Valley ; (b) Thirlmere ; (c) Grizedale and Stocks ; (d) Beacon Fell and Saddle Fell.
Ulverston	Ulverston R.D.C. ; Barrow-in-Furness C.B.C. ; Grange U.D.C. ; Ulverston U.D.C.	Mainly upland surface water.
Warrington	(a) Liverpool C.B.C. ; (b) Warrington C.B.C. ; (c) St. Helens C.B.C.	(a) Rivington reservoir ; (b) and (c) deep wells.
West Lancashire ...	(a) Liverpool C.B.C. ; (b) Southport and District Water Board ; (c) St. Helens C.B.C. ; (d) Preston C.B.C. ; (e) Ormskirk U.D.C. ; (f) Up Holland U.D.C. ; (g) Wigan R.D.C. ; (h) Manchester C.B.C.	(a) Rivington reservoir ; (b) to (g) deep wells and upland surface water ; (h) Thirlmere.
Whiston	(a) Liverpool C.B.C. ; (b) St. Helens C.B.C. ; (c) Widnes M.B.C.	(a) Rivington reservoir ; (b) and (c) deep wells.
Wigan	(a) Wigan R.D.C. ; (b) Liverpool C.B.C. ; (c) Blackrod U.D.C.	(a) Deep wells ; (b) Rivington reservoir ; (c) upland surface water and springs.

PUBLIC MAINS SUPPLIES.—The following table, compiled from the local health reports, shows the approximate number of houses and population at the end of the year receiving water from the public mains either directly or by means of stand-pipes :—

Water supplied from public mains

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	599,700	1,809,700	40	110
Total Rural Districts	87,800	289,800	25	60
Administrative County	687,500	2,099,500	65	170

In addition to 13,553 new houses reported to have been connected during the year to the public mains supply there were also 185 existing houses provided with such a supply for the first time.

During the year 969 samples of untreated water were submitted from 41 County districts for bacteriological examination and of these 263 were reported to be unsatisfactory. Of 242 samples submitted from 24 districts for chemical analysis 85 were unsatisfactory. Where apparatus is installed for the treatment of water going into supply, samples of the treated water numbered 1,498 from 56 districts for bacteriological examination and 348 from 35 districts for chemical analysis. Sixty of the former and 26 of the latter were found to be unsatisfactory. In areas supplied from outside sources sampling by the local authority is in many cases considered to be unnecessary, or may be carried out only in consequence of complaints from consumers, owing to the fact that the supplying authority itself usually undertakes routine sampling.

PRIVATE SUPPLIES.—According to local reports some 9,600 dwellings, housing an estimated population of 29,300, were still dependent upon supplies from wells, springs, etc., at the end of 1958. Bacteriological examination of the untreated water was made in 512 instances and 150 of the samples were found to be unsatisfactory. Chemical analyses numbered eight, of which five gave unsatisfactory results. Several of the unsatisfactory supplies were closed and links with the public mains were provided. Generally speaking, however, the private supplies exist only in areas remote from the public piped supply and, where connection thereto was not yet practicable, all possible advice and assistance in the purifying and improvement of contaminated wells, springs, etc., was rendered by the local authorities concerned.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 TO 1955.—Local authorities are obliged by the Act of 1944 to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act the Minister of Housing and Local Government is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

The purpose of the Act of 1955 was to amend the requirements of the Act of 1944 with respect to undertakings under section 1 of that Act to make contributions towards expenses incurred by local authorities in connection with water supplies, sewerage and sewage disposal in rural localities.

A further Act, the Rural Water Supplies and Sewerage (No. 2) Act, 1955, increased the limit of contributions out of moneys provided by Parliament which may be made under the section referred to above.

Particulars of the applications received during the year 1958 are given in the following table :—

Authority	Nature of scheme and estimated cost	Action taken by County Council (to February, 1959)	Decision of Minister of Housing and Local Government (to June, 1959)
Great Harwood U.D.C.	... Laying of water main (£1,600) ...	Approved for submission to the Ministry of Housing and Local Government	No grant.
Blackburn R.D.C.	... Parish of Mellor—sewerage and sewage disposal (£24,069)	Grant—£187 per half-year for 30 years	Grant—£200 per half-year for 30 years.
Chorley R.D.C.	... Parish of Brindle—sewerage and sewage disposal (£13,500)	Approved for submission to the Ministry of Housing and Local Government	—
Chorley R.D.C.	... Western area sewerage scheme (£432,500)	Grant—£120,542 (the outstanding balance of the provisional grant of £100,000 previously authorised to be paid by lump sum, the increase to be paid by half-yearly payments of £762 for 30 years)	Grant—£120,542. A provisional grant of £100,000 was made in March, 1952.
Chorley R.D.C.	... Parishes of Wheelton and Heapey, etc., sewerage scheme (£160,000)	Grant—£45,675 (the outstanding balance of the provisional grant of £36,000 previously authorised to be paid by lump sum, the increase to be paid by half-yearly payments of £359 for 30 years)	Grant—£45,675. A provisional grant of £36,000 was made in March, 1957.
Chorley R.D.C.	... To improve drainage in the parishes of Anderton and Heath Charnock (£43,000)	Approved for submission to Ministry of Housing and Local Government	No grant.
Clitheroe R.D.C.	... Chipping and Hill Top area of Thornley—water supply (£38,777)	Grant—£121 per half-year for 30 years	Grant—£121 per half-year for 30 years.
Garstang R.D.C.	Parish of Hambleton and Stalmine sewerage scheme (£135,137)	Approved for submission to the Ministry of Housing and Local Government	—
Garstang R.D.C.	... Bilsborough and Myersecough sewerage scheme (£40,488)	Approved for submission to the Ministry of Housing and Local Government	—
Garstang R.D.C.	... Pilling sewerage scheme (£175,528) ...	Approved for submission to the Ministry of Housing and Local Government, subject to satisfactory assurance being received as to amenities	—
Lunesdale R.D.C.	... Parishes of Farleton and Cloughton water supply scheme (£10,855)	Grant—£90 per half-year for 30 years	Grant—£90 per half-year for 30 years.
Lunesdale R.D.C.	... Parish of Hornby sewerage scheme (£21,850)	Grant—£300 a year approved in June, 1957, increased to £165 half-yearly payments for original period of 30 years	Grant—£300 a year approved in June, 1957—increased to £165 half-yearly payments for original period of 30 years.
Preston R.D.C.	... Drainage in the parishes of Barton, Broughton, Goosnargh and Whittingham (£160,369)	Approved for submission to the Ministry of Housing and Local Government	—
Ulverston R.D.C.	... Drainage in the hamlet of Bouth in the parish of Colton (£6,315)	Approved for submission to the Ministry of Housing and Local Government	—
Ulverston R.D.C.	... Burn Knotts (Bouth)—Oxenpark (parish of Colton)—extension of water main (£3,850)	Approved for submission to the Ministry of Housing and Local Government	No grant.
Warrington R.D.C.	... Parishes of Penketh and Great Sankey—main drainage scheme—contract No. 2 (£457,000)	Grant—£2,120 half-yearly for 30 years	Grant—£2,120 half-yearly for 30 years.

Authority	Nature of scheme and estimated cost	Action taken by County Council (to February, 1959)	Decision of Minister of Housing and Local Government (to June, 1959)
Warrington R.D.C. ...	Parishes of Penketh and Great Sankey—Main Drainage Scheme—contract No. 1 (£34,697)	Grant reduced to half-yearly payments of £125 for 30 years	Grant reduced to half-yearly payments of £125 for 30 years as a result of the final cost of the scheme being £34,697 instead of £41,221 as previously estimated.
Whiston R.D.C. ...	Village of Knowsley—Provision of piped water supply (£21,120)	Grant—£170 half-yearly payments for 12 years	Grant—£170 half-yearly payments for 12 years.
Whiston R.D.C. ...	Provision of main drainage scheme (£61,818)	Grant—£610 half-yearly payments for 30 years	Grant—£610 half-yearly payments for 30 years.
Wigan R.D.C. ...	Parish of Wrightington—Mossy Lea sewerage scheme (£4,700)	Approved for submission to Ministry of Housing and Local Government	—

PUBLIC HEALTH ACT, 1936.—SECTION 307.—Particulars of the applications received during the year 1958 for financial assistance from the County Council in respect of water supply and sewage disposal schemes are set out below :—

Authority	Nature of application and estimated cost	Action taken
Billinge and Winstanley U.D.C.	Chapel End and Higher End—sewage disposal works (£77,286)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Chadderton U.D.C. ...	Treatment of sewage at Oldham Corporation's sewage works (£21,544)	Approved for grant purposes in accordance with County Council's scheme of financial assistance, subject to the rate of grant being considered as and when the comparative rate position of the district makes this necessary.
Failsforth U.D.C. ...	Woodhouses—sewerage (£44,000)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Huyton-with-Roby U.D.C. ...	Tarbock Road outfall sewer (£14,803)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Tottington U.D.C. ...	Extension of sewer—Holcombe Road (£2,500)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Turton U.D.C. ...	Sewerage at Blackburn Road, Edgworth (£9,180)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Up Holland U.D.C. ...	Improvement of water supplies from Roby Mill and Tontine Works, Up Holland (£18,069)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Urmston U.D.C. ...	Flixton sewerage works—modernisation (£262,958)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.
Wigan R.D.C. ...	Parish of Haigh—Toddingtton sewerage scheme—extension of existing sewer (£1,500)	Approved for grant purposes in accordance with County Council's scheme of financial assistance.

LOCAL GOVERNMENT ACT, 1958.—SECTION 56.—In the past grant assistance to local authorities from the County Council towards the cost of schemes has been given largely through the medium of section 307 of the Public Health Act, 1936. This statutory power was repealed with effect from the 23rd July, 1958, by section 56 of the Local Government Act, 1958, which gave a general power to the County Council to make any contribution they think fit to the expenses of a County district council. In those circumstances, the formula under which grants had been made under section 307 of the Public Health Act, 1936, was continued under the authority of section 56 of the Local Government Act, 1958.

The following applications were, therefore, made under the provisions of the above-mentioned section of the 1958 Act :—

Authority	Nature of application and estimated cost	Action taken
Abram U.D.C.	Improvement of main drainage system and replacement of sewers affected by mining subsidence (£143,710)	Accepted for grant aid in accordance with the normal formula, such assistance at present amounting to 45 per cent. of loan charges.
Ashton-under-Lyne M.B.C. ...	Reconstruction of lengths of existing sewers, being first stage of complete reconstruction of the Borough's sewerage scheme, estimated to cost between £1,000,000 and £2,000,000 over 20 years (£223,143)	Agreed that the maximum capital expenditure on sewerage and sewage disposal works by the Ashton-under-Lyne Borough Council to be admitted by the County Council for grant purposes be restricted at present to £250,000 of the whole scheme, the rate of grant to be in accordance with the County Council's formula but not to exceed 45 per cent. of approved loan charges on phase I.
Colne M.B.C.	Reconstruction of Corporation's sewage works, which will continue to provide for treatment of sewage from Trawden U.D. (£297,832)	Agreed that the maximum capital expenditure on sewerage and sewage disposal works by the Colne Borough Council for grant purposes be restricted, until the contribution from the Trawden U.D.C. is determined, to £250,000, the rate of grant to be in accordance with the County Council's formula but not to exceed 45 per cent. of approved loan charges and that, in arriving at the net cost of the scheme for the purposes of grant to Colne Corporation, the proportion of capital expenditure applicable to Trawden U.D.C. shall be deducted.
Farnworth M.B.C.	Reconstruction of sewers (£329,000) ...	Agreed that the scheme of the Corporation estimated to cost £329,000 (after allowing for a contribution from the Bolton Corporation) be admitted for appropriate grant aid in accordance with the formula of the County Council, notwithstanding the net estimated cost of the scheme being in excess of £250,000.
Fleetwood M.B.C.	Installation of pumps and construction of relief sewer at estimated cost of £250,000, being third phase of improvement scheme for borough (£588,000)	Agreed that the maximum capital expenditure on sewerage and sewage disposal works by the Fleetwood Borough Council to be admitted by the County Council for grant purposes be restricted to £250,000 for phase III of their whole scheme, estimated to cost £588,000, the rate of grant to be in accordance with the County Council's formula but not to exceed 45 per cent. of approved loan charges on phase III.
Hindley U.D.C.	Laying of new trunk sewer, connecting sewers, and related matters (£175,080)	Agreed that the scheme be accepted for grant aid in accordance with the normal formula, such assistance at present amounting to 45 per cent. of loan charges.
Littleborough U.D.C.	Extension of sewer to Limefield Terrace (£1,885)	Approved for grant purposes in accordance with County Council's scheme of financial assistance, subject to the rate of grant being considered if the comparative rate position of the District Council makes this necessary, and subject to consideration by the District Council of a proposal to afford to premises concerned in the scheme a water supply from the town's mains.
Lytham St. Annes M.B.C. ...	Improvement of sewerage of Lytham area (£326,035)	Agreed that the maximum capital expenditure on sewerage and sewage disposal works by the Lytham St. Annes Corporation, estimated at £326,035, be admitted by the County Council for grant purposes, the rate of grant to be in accordance with the County Council's formula, but not to exceed 45 per cent. of approved loan charges.

Authority	Nature of application and estimated cost	Action taken
Poulton-le-Fylde U.D.C. ...	Reconstruction of main drainage system (£451,000)	Agreed that the scheme for main drainage of the district be admitted for appropriate grant aid on the basis of the normal formula, notwithstanding the estimated cost of the scheme being in excess of £250,000.
Prescot U.D.C.	Extension of sewage disposal works of Council and first phase of scheme for improvement of sewerage facilities of district (£291,515)	Agreed that the maximum capital expenditure on sewerage and sewage disposal works by the Prescot U.D.C. for grant purposes be restricted at present to £250,000 of the whole scheme, the rate of grant to be in accordance with the County Council's formula but not to exceed 45 per cent. of approved loan charges on Phase I.
Stretford M.B.C.	Reconstruction of Bradley Lane sewage disposal works (£288,000)	Agreed that the scheme be approved and that as and when the financial position of the Corporation entitles the Corporation to grant aid, the normal formula of the County Council shall then apply, notwithstanding the estimated cost of the scheme being in excess of £250,000.

Drainage and Sewerage.—During 1958 some 13,250 newly-built houses, flats, etc., were connected to the drainage and sewerage systems and a further 2,820 existing houses, previously utilising other and less acceptable methods, were also connected. The straightforward linking up of new property to existing drainage and sewerage systems occurred, of course, in almost every district but, in addition, the medical officers of health of 38 County districts reported activity during the year relating to the initiation of new and the improvement of existing systems. Whilst housing development continues to bring proper drainage and/or sewerage systems to areas where previously there was none, there remains a considerable number of localities or townships in both urban and rural parts of the Administrative County lacking such provision. Almost without exception, however, they are so isolated, either by distance or by such physical barriers as inclined ground, mining subsidence, canals and railways, as to make the laying of sewers very difficult and costly. On the other hand, many such areas are connected to septic tanks.

Under the heading of " Water Supply " above, reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Acts, section 307 of the Public Health Act, 1936, and section 56 of the Local Government Act, 1958, in connection with works of sewerage and sewage disposal.

Closet Accommodation.—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1958 as compiled from the local health reports. The number of *houses* on the water carriage system was approximately 672,000.

Closet Accommodation at end of 1958.

	Urban districts	Rural districts	Administrative County
Privy middens	2,000	3,350	5,350
Privy closets	2,210	4,310	6,520
Pail closets	7,620	8,020	15,640
Fresh-water closets	625,900	87,300	713,200
Waste-water closets	49,300	2,800	52,100

A summary of the action taken in the County districts during 1958 to provide the more sanitary types of closet accommodation is given below :—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets	53	132	185
Privy closets to pail closets	27	22	49
Pail closets to fresh-water closets	752	201	953
Waste-water closets to fresh-water closets	2,849	69	2,918

In addition to the above improvements the eradication of trough closets was continued. During 1958 conversions to fresh-water closets numbered 90, leaving some 400 trough closets still in existence at the end of the year.

Public Cleansing.—At the end of 1958 there were reported to be 738,000 movable dustbins in use in the Administrative County area, but there still remained more than 3,000 dry ashpits. Throughout the County area a weekly collection of household and, in most cases, trade refuse was normal, but in a few districts, mainly rural in character, the interval between collections was extended, the maximum period being two weeks. The work was undertaken by labour directly employed by the local authorities and using covered motor vehicles specifically designed for the purpose.

In 67 of the 109 County districts, the owner or occupier is responsible for the renewal of movable dustbins, in 37 districts they are supplied out of the rate fund, in two they are provided by the Council on an annual rental and in the remaining three districts a combination of these methods of renewal is in operation.

Controlled tipping is the generally adopted means of disposing of household refuse and in a few districts men are fully employed as tip attendants. Crude tipping into disused mineshafts and quarries or separation and incineration are other methods reported to be in use.

Sanitary Inspections.—The following table gives the numbers of premises visited and visits paid during 1958 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 75 cases.

	No. of premises visited	No. of visits made	Defects or nuisances		No. of notices served	
			No. discovered	No. abated	Informal	Statutory
Urban districts	188,371	307,834	60,525	58,060	19,357	3,599
Rural districts	18,525	39,264	5,343	4,777	2,358	234
Administrative County ...	206,896	347,098	65,868	62,837	21,715	3,833

Prevention of Atmospheric Pollution.—Control over atmospheric pollution is effected mainly by County District Councils but, as Planning Authority under the Town and Country Planning Act, 1947, the County Council have fairly extensive powers. Owing largely to the substantial expenditure involved, however, these are normally limited in practice to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes. The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture.

The powers of the local sanitary authorities in this field were considerably strengthened during the year by the operation of all the provisions of the Clean Air Act, 1956. Whilst County district councils are responsible for enforcing them it is the duty of the County Medical Officer of Health to keep himself informed of the position and the County Council have the right to make representations to the Minister of Housing and Local Government if a district council should be in default in carrying out its duties.

The provisions of the Act can be divided into two main groups, *viz.* (a) general regulatory powers (many of which do not normally apply to domestic buildings) and (b) powers to establish smoke control areas in which the emission of smoke from all chimneys (including domestic chimneys) can, broadly speaking, be entirely prohibited. The latter powers and the following general regulatory powers were in operation at the beginning of the year under report :—

(a) Requirements that new furnaces shall, so far as practicable, be smokeless. This does not apply to the normal size domestic furnace.

(b) Power enabling the Ministry to make regulations requiring the installation of density meters, etc.

(c) Approval by local authorities of the height of chimneys, other than for houses, shops or offices.

(d) Requirement that all practicable means shall be employed for preventing combustion at colliery, mine or quarry spoilbanks and minimising the emission of smoke and fumes. Existing spoilbanks not under the control of the owner of the mine or quarry are exempt.

Authority was also given to district councils to make building byelaws requiring the provision in *new buildings* of such arrangements for heating or cooking as are calculated to prevent, so far as is practicable, the emission of smoke. By the end of 1958 such byelaws were operative in 50 of the 109 County districts.

The remaining provisions of the Act came into operation on the 1st June, 1958, and included the following general regulatory powers :—

(a) Prohibition of the emission of dark smoke from chimneys and railway engines. The Minister at the same time made regulations as to the maximum period for which dark smoke may be emitted. Existing buildings are exempt for up to seven years. No offence is committed so far as the smoke is necessary for lighting up a furnace, due to an unforeseeable failure of equipment or the fact that suitable fuel is unobtainable.

(b) Requirement that grit and dust from furnaces shall be minimised. This does not apply to the normal size domestic furnace.

(c) Requirement that new furnaces shall be fitted with plant to arrest grit and dust. This applies to furnaces burning pulverised fuel or burning other solid fuel or solid waste at the rate of one ton an hour or more.

(d) Power of local authorities to require the measurement and recording of grit and dust emitted from the furnaces referred to in (c).

(e) Extension of Public Health Act provisions relating to statutory notices to smoke causing a nuisance to the inhabitants of the neighbourhood. This does not apply to private dwellings or to dark smoke coming within (a) above.

Smoke control areas are established by orders made by the authority and confirmed by the Minister. The effect of an order is, broadly speaking, to prohibit entirely the emission of smoke from all chimneys in the area, but the order can be adapted to local circumstances. Thus smoke control areas may be completely smokeless areas like the smokeless zones which some authorities have already established under local acts in which all buildings are controlled, or they may be areas, perhaps larger in extent, in which certain classes of buildings only are subject to control or in which certain buildings are exempt, so that the area as a whole may not be entirely smokeless. The Ministry initially pointed out that the establishment of smoke control areas would necessarily be gradual, progress being governed by the supply of smokeless fuels, the rate at which appliances can be converted or replaced and the rate at which local authorities are able to formulate and carry through their smoke control plans. By the 31st December, 1958, in fact, seven orders involving a total of 3,833 houses and other buildings had been submitted to the Ministry and three of these, relating to 535 premises, had been confirmed.

The establishment of a smoke control area will make it necessary for many owners or occupiers of dwelling houses to carry out adaptations to enable smokeless fuels to be used. The Act gives them the right to claim 70 per cent. of the cost in respect of buildings erected before 6th July, 1956, from the local authority who will receive a 40 per cent. government grant. The authority may, if they wish, refund to the owner or occupier the whole or part of the balance of the cost. Refunds of the cost of work carried out in advance of the confirmation of the order can only be made if the authority have served notice requiring the work to be done. There is also power to make grants towards adaptations necessary in churches, chapels, buildings used by charities, etc.

Provision is included in the Act for the appointment by the Minister of a Clean Air Council which, amongst other things, will keep under review the progress achieved and this appointment has been made. The National Clean Air Society, of which the County Council is a member, is of course active in this matter. There are also the Manchester and District Regional Smoke Abatement Committee and the West Lancashire and Cheshire Smoke Abatement Committee which, between them, cover the whole of the County area and upon which the County Council are represented as are many County district councils, particularly those in the more densely populated areas. These committees are voluntary associations of local authorities established as advisory and technical bodies for the purpose of improving the control of and reducing atmospheric pollution in the areas represented,

Co-operation at local level between industrial managements and public health officials in the practical problems involved in the elimination of black smoke was invariably reported to be good during 1958, although in numerous cases the only solution necessitated considerable capital expenditure by the firms in question. According to local reports there were at the end of the year under report some 2,700 factory chimneys in the County area and the number of smoke observations made during the year was 3,433. In no instance was a resort to legal proceedings found necessary.

Movable Dwellings and Camping Sites.—By section 269 of the Public Health Act, 1936, local authorities are empowered to grant licences authorising persons to allow land occupied by them within the district to be used as sites for movable dwellings, and licences authorising persons to erect and station, or use, such dwellings within the district. Local authorities may attach to any such licence such conditions as they think fit with regard to water supply, sanitary arrangements, free space, etc.

A movable dwelling is described in this section of the Act as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

The number of sites in the Administrative County area used for camping purposes during 1958 was 242, according to the reports of local medical officers of health. Licences issued by the local authorities under section 269 of the Act of 1936 numbered 130 in respect of sites and 865 in respect of individual movable dwellings. There were reported to be 1,049 caravans used for permanent occupation.

Swimming Baths and Pools.—Public swimming baths exist in 31 of the County districts and privately owned swimming baths or pools are used by the public, or specific groups thereof, in seven districts. In nearly all instances filtration and chlorination plants are installed. During the year 237 samples of the water were submitted to bacteriological examination and 994 to chemical analysis. All but seven of the former and one of the latter were found to be satisfactory.

Disinfestation.—Some degree of infestation of dwellings during 1958 was reported by the medical officers of health of all but 15 of the 109 County districts, but in the majority of districts only a few houses were involved. The 2,507 houses found to be infested included 511 council houses and exceeded the previous year's total by 482.

The most commonly used method of disinfestation was spraying with liquid insecticides, mainly based on D.D.T. Whilst almost the whole of this work was undertaken by the local authority staffs, contractors were usually employed where hydrogen cyanide gas was used in cases of heavy infestation, particularly during removal of furniture, bedding, etc., to fresh premises. A few authorities used steam treatment in appropriate cases.

In order to prevent infestation of council houses or re-infestation after cleansing, it is usual for most authorities to arrange for periodic inspections or visits by public health inspectors, housing managers or welfare officers, who give personal advice to the tenants.

Prevention of Damage by Pests Act, 1949.—Under this Act powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and the powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

At the end of 1958 there were 58 full-time rodent operatives employed by local authorities within the Administrative County area. A further 81 had been employed part-time during the year. According to local estimates there were some 750,000 properties in the County area, of which 11,000 were agricultural. Inspections totalling 134,622 were made to 69,863 of these properties and infestations were discovered to the following degree: major infestation by rats, 327; minor by rats, 11,047; major infestation by mice, 294; minor by mice, 5,715. In all, 22,380 treatments (including re-treatments) were carried out to 17,261 infested properties.

Regular inspection of likely places of infestation, particularly sewers and tips, was maintained and routine treatment of sewers was normally carried out at half-yearly intervals. Ready co-operation from the individuals concerned was invariably forthcoming in cases of rodent infestation.

Factories Act, 1937.—The following tables provide a summary of the action taken during 1958 in all County districts in connection with the administration of Parts I and VIII of the Factories Act, 1937.

PART I OF THE ACT

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities	1,589	1,339	33	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority	8,922	6,393	211	—
(iii) Other Premises in which Section 7 enforced by the Local Authority *(excluding out-workers' premises)	594	701	40	—
TOTAL	11,105	8,433	284	—

*i.e., Electrical Stations, Institutions and sites of Building Operations and Works of Engineering Construction.

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	132	125	—	15	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	4	4	—	1	—
Inadequate ventilation (S.4)	16	15	—	3	—
Ineffective drainage of floors (S.6)	9	9	—	1	—
Sanitary conveniences (S.7)—					
(a) insufficient	61	59	—	25	—
(b) unsuitable or defective	413	341	—	110	—
(c) not separate for sexes	16	15	—	8	—
Other offences against the Act (not including offences relating to Outwork) ...	33	30	1	4	—
TOTAL	684	598	1	167	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Section 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	454	—	—	—	—	—
Household linen	2	—	—	—	—	—
Curtains and furniture hangings	1	—	—	—	—	—
Furniture and upholstery ...	6	—	—	—	—	—
Iron and steel cables and chains	35	—	—	—	—	—
Umbrellas, etc.	2	—	—	—	—	—
Nets, other than wire nets ...	83	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	133	—	—	—	—	—
Brush making	1	—	—	—	—	—
Pea picking	70	—	—	—	—	—
Stuffed toys	9	—	—	—	—	—
Basket making	1	—	—	—	—	—
Textile weaving	14	—	—	—	—	—
Wash leathers, sewing ...	4	—	—	—	—	—
TOTAL	815	—	—	—	—	—

Regular inspection of premises under Parts I and VIII of the Act was maintained during 1958, informal action being all that was necessary to secure the amelioration of the unsatisfactory conditions found. As is usual, most of these related to sanitary accommodation.

Rag Flock and Other Filling Materials Act, 1951.—Under this Act premises used for upholstering stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1958 there were reported to be 73 registered premises in the County area and the number of licensed premises was 20, of which four were used for the manufacture or manufacture and storage of rag flock and 16 for its storage only. Inspections of all premises during the year numbered 93. Twenty-seven samples of rag flock and other filling materials were submitted for examination and all but two, one of washed rag flock and one of white cotton flock, were found to be satisfactory.

Premises and Occupations which can be Controlled by Byelaws and Regulations.—OFFENSIVE TRADES.—Offensive trades were carried on in 46 districts during 1958, the premises numbering 126. These were chiefly tripe boilers and/or dressers, gut scrapers, fat melters, tanners, soap boilers, rag and bone dealers, glue manufacturers and leather dressers, but also included 36 fish friers in four districts where this occupation is classed as an offensive trade. Regular inspections were reported to have been made of all premises.

COMMON LODGING HOUSES.—At the end of 1958 there were 18 common lodging houses on the registers of 11 district councils in the Administrative County and, with the exception of one, their condition was satisfactory. In relation to the unsatisfactory premises action was being taken at the end of the year to reduce the permitted number accommodated, with a view to eventual closure.

CANAL BOATS.—Inspections of canal boats, nine in number, were reported in three districts: Church U.D., Ince-in-Makerfield U.D. and Stretford M.B. No infringements of legislation were noted.

Inspection of County Districts.—During 1958 the work of carrying out surveys of the housing, sanitary circumstances, etc., of districts in the Administrative County area was continued, and reports on two districts—Poulton-le-Fylde Urban District and Crompton Urban District—were considered by the Public Health and Housing Committee during the year.

Copies of the reports incorporating the recommendations of the County Medical Officer of Health were forwarded to the district councils concerned for consideration and any necessary action.

HOUSING

According to a summary of the local authorities' rate books there were more than 700,000 inhabited houses in the Administrative County area at the end of 1958. During the year, 11,749 houses and 2,115 flats were erected, a net decrease in total new units of 685 as compared with the preceding year. Whilst new flats increased in number by 504, houses declined by 1,189. Local authorities were responsible for the building of 4,224 houses and 2,019 flats, so that the proportionate contribution made by them to the total provision of new housing units continued to decline. During the five years, 1953-57, this ratio had fallen from 77 per cent. to 48 per cent. and in 1958 it amounted to 45 per cent. There was even greater concentration of their resources upon flats, however, nearly one in every three housing units erected by local authorities in 1958 being a flat as compared with one in five during 1957. Particulars of the dwellings completed during the year in each sanitary district are shown in Table 27, pages 209 to 214.

Naturally the difficulties previously reported in finding suitable sites for housing purposes continue to increase but such sites would still appear to be available in most County districts.

Housing conditions generally may be said to be satisfactory and are now improving steadily year by year but the post-war legacy of low rents and high maintenance costs resulted in a high state of disrepair in much of the older property. Whilst housing legislation of recent years has helped to ameliorate the position thus created, by the provision of financial assistance, by narrowing the gap in many cases between rents and maintenance cost levels and by other means, the reduction of the backlog of repair work is being effected only slowly. Reasons given for this by medical officers of health include a shortage of contractors willing or able to undertake the work without long delays, costs which are still too high in relation to the economic return and a reluctance on the part of many landlords to spend other than the absolute minimum necessary to make their houses statutorily habitable.

The numbers of back-to-earth and back-to-back houses still remaining in the Administrative County were in the region of 1,200 and 7,000 respectively, whilst there were approximately 1,600 other houses without through ventilation. Local reports, many of them based on estimates only, also indicate that there were nearly 5,000 houses without an adequate internal water supply and some 13,000 without separate water closet or other adequate sanitary accommodation.

Table 27, pages 209 to 214, compiled from information supplied by local medical officers of health, gives some indication of the housing activities during the year in each district of the County, together with steps taken regarding property found to be unfit or not to be in all respects reasonably fit for human habitation. In all, 47,045 houses were inspected under the Public Health or Housing Acts for housing defects, 106,203 inspections being made for the purpose. As a result 2,254 were considered to be unfit for human habitation and a further 18,299 were found to be not in all respects reasonably fit. In consequence of action taken by the local authorities or their officers, 18,869 houses were rendered fit during the year. Of these, 15,680 were brought up to standard as a result of informal action. Formal notices under the Public Health Acts resulted in the remedying of defects in 2,692 cases by the owners and in 260 cases by the local authorities in default of the owners. Formal notices under sections 9 and 16 of the Housing Act, 1957, secured the completion of necessary work on 84 houses and on 13 the work was carried out by the local authorities in default of the owners. An additional 140 houses, subject to demolition orders, were so reconstructed, enlarged or improved as to secure the revocation of the orders under section 24 of the Act.

Demolition carried out during 1958 accounted for 2,275, of which 1,277 were in clearance areas, and displaced 6,450 persons. The 1,277 in clearance areas related to 1,244 found unfit for human habitation, one included by reason of bad arrangement, etc., and 32 which were on land acquired under section 43 (2) of the Housing Act, 1957. Of the 998 demolished houses not in clearance areas 919 were the result of formal or informal procedure under section 17 (1) of the Act of 1957, 61 were local authority owned houses certified unfit by the medical officer of health, 10 resulted from action taken under local Acts and eight were houses included in unfitness orders.

Closures were applied to 478 houses under sections 16 (4), 17 (1) and 35 (1) of the Housing Act, 1957, to 17 houses under sections 17 (3) and 26 and in 25 cases to parts of buildings under section 18. The total number of persons displaced by closures was 1,133.

At the end of 1958 there were reported to be 12 houses, subject to existing demolition or clearance orders, which were licensed for temporary occupation under sections 34 or 53 of the Act of 1957 and two which had been retained for temporary accommodation under section 17 (2).

HOUSING ACT, 1949 AND HOUSING (FINANCIAL PROVISIONS) ACT, 1958.—One of the principal aims of the Housing Act, 1949, was that of promoting, by way of financial assistance, the improvement of housing accommodation. Under Part II of the Act a local authority could, subject to certain provisions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions could also be made to local authorities towards losses incurred by them in improving housing accommodation. The statutory conditions attached to the payment of grants for improvement and conversion under Part II of the Act were amended by the Housing Repairs and Rents Act, 1954, with the effect of making such grants more easily obtainable. With effect from the 23rd October, 1958, these joint provisions were repealed and consolidated by the Housing (Financial Provisions) Act, 1958.

Improvement schemes of private bodies or individuals submitted during 1958 to the local authorities within the Administrative County area numbered 1,459, a decrease of 112 as compared with the total in 1957. The number of dwellings houses or other buildings affected was 1,562. Local authority schemes again represented only a small proportion of the total, 27 schemes involving 60 premises being submitted to the Minister of Housing and Local Government during the year.

Work actually completed during 1958 covered 1,189 schemes relating to 1,211 dwelling houses or other buildings, and all but 17 schemes involving 47 dwellings concerned privately-owned property.

FINANCIAL ASSISTANCE TO LOCAL AUTHORITIES.—Provision was made by the Housing Act, 1936, for County Councils to make annual contributions to rural district councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers. This provision was extended by the Housing (Financial Provisions) Act, 1938, to apply similarly to urban district and non-County borough councils in respect of houses provided by them for members of the agricultural population and, subject to certain conditions, to housing accommodation provided by the local authority for the working classes in any County district.

Later, the Housing (Financial and Miscellaneous Provisions) Act, 1946, provided that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25 10s. as against the "general standard" amount of £16 10s., the payment of annual contributions by County Councils to County district councils shall be at the rate of £1 10s. per house for 60 years from the date of completion in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939. Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

On the 1st August, 1952, further amending legislation in the form of the Housing Act, 1952, was placed on the statute book which provided, *inter alia*, for further increases in the "special standard" and "general standard" exchequer contributions to £35 14s. and £26 14s. respectively in respect of houses completed after the 28th February, 1952, and an increased contribution of £2 10s. by the County Council to County district councils in respect of any such house for which the "special standard" amount is payable. The increased exchequer contributions of the "special standard" amount in respect of houses for the agricultural population are payable at the discretion of the Minister, and will be paid only in respect of houses provided in an isolated area in a small group of not more than eight houses.

In 1954 the Minister of Housing and Local Government reviewed the contributions payable under section 16 of the Housing (Financial and Miscellaneous Provisions) Act, 1946 (as amended by the Housing Act, 1952), and reduced the exchequer contribution for houses completed after the 1st April, 1955, to £31 1s. and £22 1s. for the "special standard" and "general standard" subsidies respectively. The County Council's contribution of £2 10s. in cases where the special standard subsidy is payable by the exchequer remains unaffected.

During 1958 the Housing (Financial Provisions) Act, 1958, received the Royal Assent and became operative as from the 23rd October, 1958. Its effect was to repeal all the foregoing legislation insofar as contributions to District Councils by the County Council are concerned without affecting the continuation of contributions towards previously approved houses. At the same time, by section 23, it provides for the payment to District Councils by the County Council, in respect of houses provided for agricultural workers, of an annual contribution of £2 10s. or less per house for 60 years where the exchequer subsidy is increased under section 5 of the Act.

The total annual contributions (including arrears) paid by the County Council to district councils under the above Acts during the financial year ended the 31st March, 1959, amounted to £2,864. No houses ranking for grant were notified as having been completed during the year ended 31st March, 1959.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—During 1958 the County Council, as a Food and Drugs Authority, continued to be responsible for the inspection and licensing of heat treatment plants and premises within their area, and milk sampling and testing generally. In addition, they were concerned with the administration of the Milk and Dairies Regulations, 1949 to 1954, insofar as they apply to the general sanitation of dairies or plant licensed by the Council, and with the supervision of milk supplies in connection with the Milk in Schools Scheme.

The enforcement of those provisions of the Food and Drugs Act, 1955, for which the County Council are the responsible authority was continued, these provisions embracing functions relating to the prohibition of the sale of tuberculous milk or milk from cows suffering from tuberculosis or other specified diseases, the prevention of the adulteration of milk by the addition of water, colouring matter, dried or condensed milk, etc., restrictions on the use of special designations and the prevention of the use of false descriptions in relation to milk (excepting raw milk). Food and Drugs Authorities are required to enforce provisions concerning the prohibition of the description "cream" in relation to any substance which resembles but which is not "cream" as defined. In the Act of 1955, "cream" is defined as "that part of milk rich in fat which has been separated by skimming or otherwise."

THE MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) ORDERS.—The Orders of 1952, 1953, 1954, 1955, 1956, 1957 and the Orders of 1958 (which came into operation on the 14th April and 1st October, 1958) made jointly by the Minister of Agriculture, Fisheries and Food and the Minister of Health under section 41 of the Food and Drugs Act, 1955, include in "specified areas," where only milk of a special designation may be sold by retail for human consumption, all the 109 districts comprising the Administrative County area with the exception of the following :—

Barrowford U.D.	Longridge U.D.	Burnley R.D.
Brierfield U.D.	*Morecambe & Heysham M.B.	Clitheroe R.D.
Carnforth U.D.	Mossley M.B.	Lancaster R.D.
Clitheroe M.B.	Nelson M.B.	Lunesdale R.D.
*Colne M.B.	Padiham U.D.	Preston R.D. (parishes of Dutton, Ribchester and Hothersall)
*Lancaster M.B.	Trawden U.D.	

* Autonomous Food and Drugs Authorities.

The County Council continued to be responsible for the enforcement of the provisions of the Food and Drugs Act, relating to specified areas in 80 of the specified districts, the remaining 13 being autonomous for all Food and Drugs administration. During the year under report, 1,302 samples of designated milk (559 pasteurised, 100 sterilised and 643 tuberculin tested) were obtained by sampling officers of the County Council from retailers in the 80 districts concerned and submitted to the prescribed tests. Three of the samples of milk failed to pass the phosphatase test and seven the methylene blue test, although six of the methylene blue failures were declared "void" due to the atmospheric shade temperature in the laboratory at the time of the test being in excess of 65°F.

Two of the samples of tuberculin tested milk were found on examination to contain tubercle bacilli. In each case the Veterinary Officer of the Ministry of Agriculture, Fisheries and Food was notified and an examination of the herd concerned carried out. In both cases the herd is now non-tuberculous.

Other Areas.—During the year under report, 108 samples of milk were obtained in areas of the County which were not "specified." Of these 32 samples were of heat-treated milk, the remaining 76 being of tuberculin tested or raw (undesignated) milk. Of the samples of heat-treated milk, two of pasteurised milk failed the methylene blue test but were both declared "void" as the atmospheric shade temperature in the laboratory exceeded 65°F.

THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953.—During 1958 the County Council granted 22 dealer's (pasteuriser's) licences and two dealer's (steriliser's) licences in respect of premises and plant for the heat-treatment of milk in their area. Five hundred and twenty-four samples were obtained from these plants during the year and submitted to the prescribed tests. Three samples of pasteurised milk failed the phosphatase test and in five cases the methylene blue test was declared "void."

The conditions and procedure at the plants concerned were investigated and the milk has since been found to be sufficiently heat-treated.

One hundred samples of raw undesignated milk, intended for processing at heat-treatment plants, were submitted for biological examination during the year and of these four were found to contain tubercle bacilli. Two of these were from farms situated outside the County area and in all cases immediate action was taken to notify the appropriate authorities.

Thirty-five samples of pasteurised milk were also submitted for examination for the presence of tubercle bacilli and all proved negative.

In the 16 County districts autonomous for Food and Drugs purposes the local authorities granted nine dealer's (pasteuriser's) and one dealer's (steriliser's) licences in respect of premises and plant used for the heat-treatment of milk.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 2,722 and of sterilised milk 5,438.

THE MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-54.—The number of dealer's licences, including supplementary licences, issued under these regulations during 1958 by all local authorities within the Administrative County area was 1,845 in respect of "Tuberculin Tested" milk.

THE MILK AND DAIRIES REGULATIONS, 1949-54.—According to reports of local medical officers of health regarding the registration of milk distributors, during 1958 there were registered 586 operating from dairies within the respective districts, and 4,798 from shops (other than dairies) in the districts. In addition, 813 registrations were reported by medical officers of health in respect of distributors operating from premises outside their respective districts. The total of all registrations does not, therefore, represent the actual number of distributors operating during the year by virtue of the registration of some distributors in more than one district.

PROVISION OF MILK TO SCHOOLS, DAY NURSERIES AND HOSTELS.—Of the 1,302 samples obtained in the specified areas (see above), 426 were of milk as supplied to schools, day nurseries and hostels.

Of the 108 samples of milk obtained in areas other than the "specified areas," 19 were of tuberculin tested or raw (undesigned) milk and 30 were of pasteurised milk as supplied to schools, day nurseries and hostels.

The County Council continued their policy of providing heat-treated or tuberculin tested milk to schools in the County area, but at the end of the year there was still one school being supplied with raw (undesigned) milk.

SAMPLING BY LOCAL AUTHORITIES.—The numbers of milk samples reported to have been taken during 1958 by officers of the local authorities within the Administrative County area and submitted to various tests are set out below, together with the results of such tests and the corresponding figures for the previous year :—

			1957		1958	
			No. of samples	No. unsatisfactory	No. of samples	No. unsatisfactory
<i>Heat-treated milk—</i>						
Tuberculosis—biological test			93	Nil	92	Nil
<i>" Pasteurised "—</i>						
Phosphatase test	...	...	1,688	18	1,636	1
Methylene blue reduction test			1,610	22	1,580	30
<i>" Sterilised "—</i>						
Turbidity test	...	...	335	Nil	376	Nil
<i>Raw milk—</i>						
Tuberculosis—biological test			1,729	22 (positive)	1,491	12 (positive)
Methylene blue reduction test			1,682	265	1,422	209
Bacteriological (B. coli) examination...			739	59	580	47

In accordance with the provisions of Part IV of the Agriculture Act, 1937, particulars of all positive results of tests for tuberculosis are forwarded by medical officers of health to the appropriate divisional inspector of the Ministry of Agriculture, Fisheries and Food who arranges for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle. The number of herds inspected during 1953 at farms within the County area was 14. As a result 11 animals, from eight herds, were seized under the Tuberculosis Order, 1938. In four cases the inspection results were negative, no animals being seized, and in one case negative results were reported where animals had been sold prior to the investigation. No inspection was possible in respect of a further positive result as all animals at the farm in question had been sold for slaughter prior to the establishment of the result of the tests.

Meat and Other Foods.—Regular supervision and inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses was reported to have been maintained in all districts throughout the year. The classification of such establishments into clearly defined categories for the whole of the Administrative County is far from easy, and is dependent upon individual classifications carried out in each of the 109 districts, but as nearly as can be ascertained there were approximately 7,500 general grocers and provision dealers at the end of 1958, some 1,800 greengrocers and fruiterers (including those selling wet fish, game, etc.), 320 fishmongers (including those selling poultry and game), 2,250 meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.), 2,300 bakers and/or confectioners, 1,450 fried fish and chip shops, 2,500 shops selling mainly sugar confectionery, minerals, ice-cream, etc., and nearly 11,000 licensed premises, canteens, restaurants, cafes, snack-bars and similar catering establishments. A further 1,400 food premises were reported which were not classifiable under the above general headings. Premises registered under the Food and Drugs Act or corresponding provisions of local legislation numbered 9,294 and 12,302 inspections of such premises were made during the year.

The steady process of improvement to all types of food premises by way of structural alteration, refurnishing, re-equipment, etc., continued during 1958 as more and more premises were brought into line with the requirements of the Food Hygiene Regulations. Whilst this necessarily involves capital expenditure—heavy in some cases—it is noteworthy that, almost without exception, local medical officers of health have reported good co-operation from proprietors. Coincidental with this material progress is reported a continued improvement in personal approach to the question of hygiene food handling, the more selective and critical attitude of the housewife in buying food being met by what is no doubt a combination of personal conviction and commercial acumen on the part of the food supplier.

Informal action and advice by local public health officials and voluntary co-operation by the food supply trade generally has been the keynote of the year's work in this field. Prosecution was found necessary, however, in 18 instances in five County districts.

At the end of 1958 byelaws relating to the handling of food intended for sale were in operation in all but nine of the 109 County districts.

At the end of the year there were 156 private slaughter-houses licensed and eight public abattoirs were in operation. Two private slaughter-houses were licensed for the slaughter of horses. It is the general practice to carry out complete post-mortem examinations at all such establishments, but ante-mortem examination of all animals is confined to relatively few districts.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1958, together with the numbers and results of inspections carried out.

Carcases Inspected and Condemned, 1958

	Cattle including cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	82,276	1,249	297,128	251,419	43
Number inspected	91,627	1,565	330,979	257,071	40
<i>All diseases except tuberculosis and cysticerci :</i>					
Whole carcasses condemned	158	77	357	403	—
Carcases of which some part or organ was condemned	23,897	40	13,238	20,703	5
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	26.3	7.5	4.1	8.2	12.5
<i>Tuberculosis only :</i>					
Whole carcasses condemned	243	1	—	215	—
Carcases of which some part or organ was condemned	7,669	1	1	6,150	—
Percentage of the number inspected affected with tuberculosis	8.6	0.1	0.0	2.5	Nil
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned	214	—	—	—	—
Carcases submitted to treatment by refrigeration	190	—	—	—	—
Generalised and totally condemned ...	1	—	—	—	—

THE ICE-CREAM (HEAT TREATMENT, ETC.) REGULATIONS, 1947-52.—Routine visiting of premises for the purpose of sampling, temperature recording and inspection of equipment was undertaken in the majority of County districts during 1958. The standards of production and storage required by the regulations were maintained in all premises and no instances were reported of any necessity for legal or other formal action.

Food Poisoning.—During 1958 notified cases of food poisoning numbered 582 and a further 211 non-notified cases were ascertained during investigations, making a total of 793 in the Administrative County area. These were 90 fewer than the corresponding total for 1957 and 125 fewer than the annual average for the preceding five years, 1953-57. One death was reported to have been associated with the cases arising in 1958.

Defining an outbreak in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source, there were 31 outbreaks involving 475 cases, the remaining 318 being apparently isolated and unrelated.

Brief particulars of each outbreak, including such information as is available on the organisms or other agents responsible, the foods involved and the place where the contaminated food was consumed, are given in the following statement :—

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Chadderton U.D.	21	—	Cl. welchii... 	Meat gravy 	Mill canteen.
Middleton M.B. ...	1	—			
Royton U.D. ...	7	—			
TOTAL ...	29	—			
Ashton-under-Lyne M.B.	2	—	S. typhi-murium 	Not ascertained 	Not ascertained.
	3	—	S. typhi-murium 		
	2	—	S. saint-paul and S. dublin...		
Chorley M.B. ...	2	—	S. heidelberg... 	Not ascertained 	Not ascertained.
Crosby M.B. ...	5	—	S. typhi-murium 	Not ascertained 	Not ascertained.
	2	—	Not ascertained 		
	3	—			
Darwen M.B. ...	2	—	S. typhi-murium 	Not ascertained 	Home.
Droylsden U.D. ...	21	—	Cl. welchii 	Chicken and gravy 	Hotel.
Formby U.D. ...	22	—	Salmonella infection 	Not ascertained 	R.A.F. camp.
	80	—	S. typhi-murium 		
Golborne U.D. ...	8	—	S. typhi-murium 	Not ascertained 	Home.
	95	—	Cl. welchii 	Beef and gravy 	Two schools.
Heywood M.B. ...	5	—	S. typhi-murium 	Swiss roll 	Home.
Irlam U.D. ...	14	—	Not ascertained 	Canned tongue 	Home.
Kearsley U.D. ...	2	—	S. typhi-murium 	Not ascertained 	Not ascertained.
Lancaster M.B. ...	6	—	S. typhi-murium 	Boiled ham (suspected) 	Home.
	4	—	S. typhi-murium 	Not ascertained 	Hospital.
Little Lever U.D.	2	—	Not ascertained 	Tinned peas 	Home.
Newton-le-Willows U.D.	74	—	Cl. welchii 	Gravy made from sausage fat, gravy browning, condiments	School.
Stretford M.B. ...	2	—	B. coli 	Not ascertained 	Not ascertained.
Tyldesley U.D. ...	2	—	Cl. welchii 	Meat gravy (suspected) 	Home.
	10	—	S. typhi-murium 	Sausages 	Open-air meal (boy scouts).
Withnell U.D. ...	3	—	Not ascertained 	Not ascertained 	Home.
Worsley U.D. ...	2	—	S. anatum 	Not ascertained 	Not ascertained.

District	*No. of cases	No. of deaths	Organisms or other agents responsible	Foods involved	Place where contaminated food was consumed
Fylde R.D. ...	8	—	Not ascertained ...	Not ascertained ...	Works canteen.
	22	—	Not ascertained ...	Gravy (suspected) ...	Residential school.
Ulverston R.D. ...	21	—	Staphylococci ...	Beef and ham roll ...	Guest house.
West Lancashire R.D. ...	20	—	Staphylococci ...	Tinned tongue ...	Hospital.
Whiston R.D. ...	2	—	S. typhi-murium ...	Not ascertained ...	Not ascertained.

* Including non-notified cases ascertained during investigations.

Of the 318 isolated cases the responsible organisms in 53 were identified as salmonellae, comprising 44 of *s. typhi-murium*, four of *s. saint-paul* and one each of *s. heidelberg*, *s. ibadan*, *s. newport*, *s. saint-louis* and *s. thompson*. Three further cases, one of whom died, were due to *staphylococcus aureus*. In the remaining 262 isolated cases the responsible agents or organisms were not identified.

Food and Drugs.—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., PH.D., B.SC., F.R.I.C. :—

Several new statutory regulations which affect the work of the Public Analyst were made during the year under review, the more important of which, so far as food and drugs are concerned, are as follows :—

The Therapeutic Substances (Supply of Substances for Analysis) Regulations, 1958.

The Labelling of Food (Amendment) Regulations, 1958.

The Public Health (Preservatives, etc., in Food) (Amendment) Regulations, 1958.

The Public Health (Preservatives, etc., in Food) (Amendment No. 2) Regulations, 1958.

The Antioxidant in Food Regulations, 1958.

In addition to the above mentioned Regulations, the Minister of Agriculture, Fisheries and Food issued three circular letters which are of interest to food and drugs authorities relating to copper in foods, chemical compounds used in agriculture and food storage, and the inclusion in Public Analyst's quarterly reports of particulars of the meat content and price of sausage samples, which had been analysed.

FOOD AND DRUGS SAMPLES.—The number of food and drugs samples (excluding appeal-to-cow samples) submitted by the County Sanitary Officers during the year 1958 was 8,225 as against 8,239 during the previous year and 8,215 in the year 1956. The rate of samples per 1,000 of the population was 5.81 in the year under review, 5.88 in 1957 and 5.94 in 1956.

Total Adulteration.—During the year under review, 8,225 samples of food and drugs were submitted for examination under the Food and Drugs Act, 1955, and of these 405 were reported upon adversely; the total adulteration was, therefore, 4.9 per cent. This represents an increase compared with the percentage of adulteration for the previous year when the figure was 4.2 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure is 4.1 which was reached during the year 1956 and that the average figure is 4.7. In general the adulteration during and subsequent to the war was considerably greater than that found in preceding years. While the figure for the year under review cannot be regarded as unsatisfactory when compared with those for the last 10 years, it is, however, higher than the adulteration rate for the 10 years, 1929–1938, which preceded the war when the percentage adulteration varied from 2.6 to 4.2.

Percentage of Adulteration of County Samples of Food and Drugs, 1949-58

Year						Total No. of samples	No. of adulterated samples	Percentage of adulteration
1949	...	...	...	...	...	7,700	408	5.3
1950	...	...	...	...	...	8,104	363	4.5
1951	...	...	...	...	...	8,501	412	4.8
1952	...	...	...	...	...	8,622	404	4.7
1953	...	...	...	...	...	8,635	386	4.5
1954	...	...	...	...	...	8,089	417	5.1
1955	...	...	...	...	...	8,373	413	4.9
1956	...	...	...	...	...	8,215	340	4.1
1957	...	...	...	...	...	8,239	349	4.2
1958	...	...	...	...	...	8,225	405	4.9
1949-1958						82,703	3,897	4.7

Analysis.—The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last ten years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. During the war years the rate of sampling dropped very considerably ; in fact for the years 1942 to 1945 inclusive it was less than half that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review have been well maintained at the level reached during the year 1947 (*i.e.* 6,819 and 505 respectively) and the figures for the last 10 years are much higher than the corresponding figures for any of the previous years in the history of the County Laboratory.

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Percentage of adulteration ...	5.3	4.5	4.8	4.7	4.5	5.1	4.9	4.1	4.2	4.9
Total samples ...	7,700	8,104	8,501	8,622	8,635	8,089	8,373	8,215	8,239	8,225
Formal samples...	3,011	2,798	2,751	2,654	3,220	2,817	3,300	3,474	3,331	3,337
Informal samples	4,254	4,858	5,184	5,313	4,761	4,844	4,744	4,404	4,589	4,568
Private samples...	435	448	566	655	654	428	329	337	319	320
Number of samples per 100,000 of the population ...	546	566	589	599	598	593	613	594	588	581

MILK.—Adulteration.—The number of milk samples submitted under the Food and Drugs Act during the year was 5,385 and, of these, 231 were reported against ; the amount of adulteration was, therefore, 4.3 per cent. This figure, as will be seen from the following table, is lower than the average for the last 10 years, and although higher than that for each of the years 1956 and 1957, is still the third lowest shown in the table.

Percentage of Adulteration of Milk Samples, 1949-58

Year						No. of samples	No. of adulterated samples	Percentage of adulteration
1949	...	...	...	...	...	5,157	301	5.8
1950	...	...	...	...	...	5,324	285	5.3
1951	...	...	...	...	...	5,811	291	5.0
1952	...	...	...	...	...	5,804	298	5.1
1953	...	...	...	...	...	5,872	281	4.8
1954	...	...	...	...	...	5,115	287	5.6
1955	...	...	...	...	...	5,637	273	4.8
1956	...	...	...	...	...	5,497	203	3.7
1957	...	...	...	...	...	5,411	190	3.5
1958	...	...	...	...	...	5,385	231	4.3
TOTALS						55,013	2,640	4.8

Average Composition.—Genuine milk has not always the same composition. There are natural variations in the amounts both of fat and solids-not-fat in milk as drawn from the cow, and it therefore becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1958 in the following table, where it will be seen that the average figure for fat is 3.68 per cent., for solids-not-fat 8.63 per cent., and for total solids 12.31 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk (other than Channel Islands milk) received ; that is to say, there are included all adulterated samples and, further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

Average Composition of Milk, 1958

Month					No. of samples*	Fat per cent.		Solids-not-fat per cent.		Total solids per cent.
January	...	...	...	...	484	3.63	3.60	8.61	8.62	12.24
February	...	...	...	...	395	3.58		8.63		12.21
March	...	...	...	...	477	3.59		8.63		12.22
April	...	...	...	...	489	3.54	3.57	8.59	8.64	12.13
May	...	...	...	...	450	3.61		8.67		12.28
June	...	...	...	...	360	3.57		8.67		12.24
July	...	...	...	...	618	3.65	3.68	8.61	8.63	12.26
August	...	...	...	...	424	3.68		8.63		12.31
September	...	...	...	...	356	3.74		8.65		12.39
October	...	...	...	...	524	3.92	3.86	8.68	8.61	12.60
November	...	...	...	...	477	3.87		8.60		12.47
December	...	...	...	...	385	3.78		8.53		12.31
Whole year	...	...	...	...	5,439	3.68		8.63		12.31

* Includes Appeal-to-Cow samples, but excludes Channel Islands milk and one sample examined for foreign matter only.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that April has the lowest figure, 3·54 per cent., and October the highest, 3·92 per cent. In respect of solids-not-fat, the lowest figure was obtained in December, 8·53 per cent., and the highest in October, 8·68 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the winter.

In the following table the average composition of all the milk samples examined is set out for the period 1910-58. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8·55 per cent. being recorded in the year 1943. The average for solids-not-fat for the year under review was 8·63 per cent. In addition to other possible causes for this decrease it should be remembered that seven of the 18 years during which the average solids-not-fat have been lower than formerly were years which showed a high rate of adulteration. Since the year 1943 there has been, in general, a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.

Average Composition of Milk Samples, 1910-58

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30	56,028	3·67	8·90	12·57
1931	3,090	3·84	8·81	12·65
1932	3,205	3·77	8·85	12·62
1933	3,060	3·76	8·82	12·58
1934	3,310	3·74	8·81	12·55
1935	3,422	3·75	8·84	12·59
1936	3,098	3·73	8·88	12·61
1937	3,278	3·74	8·84	12·58
1938	3,398	3·70	8·78	12·48
1939	3,128	3·67	8·78	12·45
1940	2,144	3·70	8·79	12·49
1941	1,866	3·70	8·64	12·34
1942	1,516	3·75	8·66	12·41
1943	1,489	3·70	8·55	12·25
1944	1,197	3·69	8·57	12·26
1945	1,096	3·72	8·57	12·29
1946	2,776	3·75	8·58	12·33
1947	4,625	3·75	8·63	12·38
1948	4,523	3·67	8·64	12·31
1949	5,210	3·66	8·65	12·31
1950	5,362	3·68	8·67	12·35
1951	5,839	3·67	8·65	12·32
1952	5,844	3·67	8·68	12·35
1953	5,922	3·68	8·68	12·36
1954	5,182	3·71	8·65	12·36
1955	5,686	3·68	8·66	12·34
1956	5,524	3·71	8·59	12·30
1957	5,485	3·68	8·63	12·31
1958	5,439	3·68	8·63	12·31
1910-58	*161,742	3·71	8·82	12·53

* Excludes Channel Islands milk and four samples examined for foreign matter only.

ARTICLES OTHER THAN MILK.—*Adulteration*.—During the year under review, 2,840 samples other than milk were examined on behalf of the County Council. Of these, 174 were reported against, corresponding to an adulteration rate of 6·1 per cent., which is higher than the figure recorded in 1957, *viz.*, 5·6 per cent. The percentage of adulteration in articles other than milk was much higher than that for milk, *viz.*, 4·3 per cent. The commodities which had a relatively high proportion of unsatisfactory samples and, therefore, contributed especially to the overall adulteration rate included flour, ice-cream, sausages, tincture of iodine, samples containing extraneous matter, and samples whose labels did not conform to the requirements of the Labelling of Food Order.

PROSECUTIONS.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine; in other instances dairies are visited by the County Sanitary Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender for destruction of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year a total of 405 County food and drugs samples were reported on adversely and in respect of 27 of these prosecutions were instituted—13 in respect of milk samples, one each in respect of Channel Islands milk and fish paste, two in respect of ice-cream, seven in respect of samples containing extraneous matter and three in respect of samples containing insects or insect remains. There were 26 convictions or orders to pay costs, the remaining case being dismissed although the analytical findings were not questioned. The total fines and costs during the year amounted to £270 4s. 7d.

ICE-CREAM.—The first Standards Order for ice-cream was made in March, 1951, but due to shortages of fats and milk powder it was soon found impossible to maintain the standards then formulated without reducing supplies of ice-cream. The Minister of Food, therefore, introduced, as a temporary measure, reduced standards for fat and milk solids other than fat in July, 1952. During the year 1953 the supply position improved and the Food Standards (Ice-cream) Order, 1953, which came into operation on the 1st June, 1953, restored the original standard fixed in the year 1951. This standard was still in operation in the year 1958 and is as follows:—

“ 1.—Ice-cream shall contain not less than 5 per cent. fat, 10 per cent. sugar and $7\frac{1}{2}$ per cent. milk solids other than fat :

Provided that—

(i) ice-cream containing any fruit, fruit pulp or fruit puree shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 25 per cent. of the ice-cream including the fruit, fruit pulp or fruit puree, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than $7\frac{1}{2}$ per cent. fat, 10 per cent. sugar and 2 per cent. milk solids other than fat :

(ii) “ Parev ” (kosher) ice sold, offered or exposed for sale under that description shall contain not less than 10 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.

“ 2.—For the purpose of the standards prescribed above ‘ sugar ’ means sucrose, invert sugar or the solids of any sweetening material derived from starch so however that no ice-cream shall contain less than $7\frac{1}{2}$ per cent. sucrose.

“ 3.—Each reference in this Schedule to any proportion or percentage means that proportion or percentage by weight.”

When the above standard was first introduced in 1951 the Food Standards Committee of the Ministry of Food stated that it was not ideal and that it should be amended and improved as supplies of ingredients became more plentiful. In December, 1957, a report of the Food Standards Committee on the Ice-Cream standard was published in which the Committee recommended, in view of the existing conditions and current commercial practice, that the Food Standards (Ice-Cream) Order, 1953, should be amended* as follows—

(a) to provide that the description “ dairy ice-cream ” (and variants likely to suggest the use of dairy ingredients) may only be applied to ice-cream in which the whole of the fat content is milk fat.

(b) to provide a standard for “ milk-ice ” of not less than $2\frac{1}{2}$ per cent. of milk fat, not less than seven per cent. of milk-solids-not-fat and no fat other than milk fat.

(c) to revoke the present provisions relating to the sugar content of ice-cream but to include a prohibition on the use of saccharin and other artificial sweetening agents in ice-cream (including that containing fruit), milk-ice and “ Parev ” (Kosher) ice.

(d) to prohibit the use of milk or milk products in “ Parev ” (Kosher) ice.

* Subsequent to the year under review, *i.e.* in March, 1959, new ice-cream standards were made in the Food Standards (Ice-Cream) Regulations, 1959, which came into operation on the 27th April, 1959. At the same time the Labelling of Food (Amendment) Regulations, 1959, were made and these impose certain requirements as to the labelling of ice-cream.

In addition to the above recommendations the Food Standards Committee were investigating the possibility of including in the standard a provision relating to overrun, *i.e.*, the increase in volume of the ice-cream which occurs during freezing due to the whipping in of air. This increase in volume is expressed as a percentage of the original volume of the mix and may be from 20 to 100 per cent., or even more. Ice-cream is sold by volume although the present standard is based on weight. It follows that the food value of the ice-cream as purchased in the frozen state depends not only on the standard but also on the degree of overrun. While no standard for ice-cream which ignores the question of overrun can be regarded as complete the Committee were not satisfied that a provision for the measurement of overrun could be properly enforced, particularly in regard to the taking of a divided sample and the keeping of the various portions in their original state. In respect of the third part of the sample this might entail storage for several months. Until their investigations showed that the problem of overrun could be satisfactorily dealt with, the Committee considered that no change should be made in the present standards for the fat content and the milk-solids-not-fat content of ice-cream.

It will be noted from the following table that the average fat content of ice-cream during the year under review increased by 0.2 per cent. when compared with the previous year, so that the general improvement in the fat content of ice-cream found over the last ten years was still maintained. A perusal of the table shows that the average fat content in 1946 was only 2.3 per cent., whereas for the years 1954 and 1956 it was 9.2 per cent., for 1957, 8.7 per cent., and for 1958, 8.9 per cent. Furthermore, the lowest fat content during 1957 was 3.0 per cent., and in 1958, 2.7 per cent., whereas in the four years 1946 to 1949 fats as low as 0.3 and even 0.1 per cent. were found. The average fat content of ice-cream has increased in a striking manner since 1946, but the increases noted since 1948 were, in the first place, due to the action of the Ministry of Food in allocating from November, 1948, additional supplies of sugar, and in certain cases fats, to those ice-cream manufacturers who, at that time, undertook to include at least 2.5 per cent. fat in their ice-cream. This step to increase the quality of ice-cream was taken more than two years before the first statutory standard for ice-cream was made.

During the year 1958, 111 samples of ice-cream were submitted for chemical analysis, 63 by County Sanitary Officers and 48 by autonomous Food and Drugs authorities. Although no harmful ingredients were found in any of the samples, 12 (all County), reported upon adversely, did not comply with the Food Standards (Ice-Cream) Order. In the year 1957, 13 samples were reported upon adversely. Of the 12 unsatisfactory County samples, nine were deficient in fat, one deficient in fat and milk solids other than fat and two were deficient in milk solids other than fat. In view of the serious deficiency of fat in two of the County samples, legal proceedings under section 2 of the Food and Drugs Act, 1955, were instituted against the vendors, one being fined £3 and £4 18s. costs and the other being discharged on payment of £2 3s. costs.

The average figures found for the 111 samples were—total solids 33.8 per cent. (maximum 42.1 ; minimum 25.3) and for fat content 8.9 per cent. (maximum 15.6 ; minimum 2.7). These figures, as will be seen from the following table, which includes figures for the last 13 years, show that the big improvement noted in the year 1950 has been maintained. It will be remembered that prior to the war a figure of eight per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review 68 samples out of the total of 111 showed fat contents varying from 8.1 to 15.6 per cent.

Ice-cream

Year	No. of samples	Fat content average per cent.	Total solids average per cent.	Highest fat per cent.	Lowest fat per cent.	Highest total solids per cent.	Lowest total solids per cent.
1946	45	2.3	22.5	10.7	0.1	36.8	13.3
1947	59	3.0	23.6	10.6	<i>Less than</i> 0.1	39.2	14.1
1948	53	3.9	25.3	11.3	0.1	33.4	18.9
1949	171	6.4	29.3	13.3	0.3	45.9	14.7
1950	186	8.5	32.1	14.7	2.2	43.0	20.1
1951	230	8.6	32.6	15.6	3.3	40.7	23.0
1952	143	9.0	32.8	13.7	2.0	40.0	19.6
1953	130	8.6	32.7	15.2	2.5	42.3	23.3
1954	90	9.2	34.6	13.8	3.1	44.0	24.8
1955	95	8.1	33.2	13.3	3.5	40.9	24.3
1956	94	9.2	34.0	16.4	3.6	43.6	26.3
1957	99	8.7	33.3	14.7	3.0	41.9	22.9
1958	111	8.9	33.8	15.6	2.7	42.1	25.3

ICE LOLLIES.—During the year under review 14 samples of ice lollies were submitted for examination under the Food and Drugs Act. Four of the samples were submitted by County Sanitary Officers, the remaining 10 samples being from an autonomous Food and Drugs authority. Unlike ice-cream there is no statutory standard for the composition of ice lollies. They are specifically excluded from the provisions of the Food Standards (Ice-Cream) Order while the Food Standards (Soft Drinks) Order refers only to liquid soft drinks although ice lollies are, in general, similar in composition to soft drinks. Ice lollies and ice-cream are, however, both specifically mentioned in the revised reports on lead and arsenic of the Food Standards Committee of the Ministry of Food which were published in the years 1954 and 1955 respectively. In these reports maximum limits of only one part per million for lead and 0.5 part per million for arsenic (as As) are recommended for both types of commodities, the limits for the majority of other foods being two parts per million and one part per million respectively. In addition to the special recommended limits for lead and arsenic referred to above there are also general recommended maximum limits for two other toxic metals in foods, *viz.*, copper 20 parts per million and zinc 50 parts per million.

Of the 14 samples of ice lollies, three (two County) were reported on adversely, two being found to contain excess copper and one excess lead.

The total solids (sugars, etc.) in the samples ranged from as little as 2.4 per cent. to 20.8 per cent. with an average for the 14 samples of 10.8 per cent. The average total solids in 19 samples examined in the previous year was 11.5 per cent., while the range of total solids obtained in each of the years 1952 to 1957 were very similar to the figures given above for the year under review.

Radioactivity.—During the year further attention was directed to the possible radiation hazards arising from atomic energy and other establishments and the County Laboratory has been equipped to carry out regular sampling of water, milk and foodstuffs for the presence of radioactive isotopes.

The precautions already being taken by the Atomic Energy Authority are elaborate and as far as possible are being made proof against human error. Inevitably at this stage, however, they have certain shortcomings some of which were revealed by the Windscale incident, to which reference was made in the Report for 1957, and by the Fleck Report made to the Prime Minister.

In this country the Medical Research Council is responsible for advising the Government on the interpretation and definition of standards for human exposure to radiation and, on behalf of the Atomic Energy Authority, is carrying out research into the biological aspects of atomic energy at the Radiological Research Unit at Harwell.

The Medical Research Council is also responsible for advising the Government on the administration of the Radioactive Substances Act, 1948, and the protection of the general public and, at the moment in conjunction with the Atomic Energy Authority, is studying the present legislation governing the discharge of radioactive wastes with a view to recommending such changes in the law as may be considered necessary or desirable.

In addition to its responsibilities under common law, the Atomic Energy Authority, like other industrial concerns, is subject to various public health and other enactments, and in particular to the Atomic Energy Authority Act, 1954, which makes specific provision for the disposal of radioactive waste and emphasizes an absolute duty by the Authority to ensure that no ionisation radiations from anything on the Authority's premises or from waste discharged by them should cause any harm to any person or property inside or outside the Authority's establishments.

Under temporary provisions applying for seven years (this period may be abridged or extended by Order in Council) the Atomic Energy Authority must obtain the authority of the Ministers of Housing and Local Government and Agriculture, Fisheries and Food to the discharge of radioactive waste. Before such authority is given there must be prior consultation with such local and other public authorities as appear to the Ministers to be affected by the discharges. The authority when given will be subject to such conditions and requirements as the Ministers think fit and the Ministers may authorise any person to inspect the premises of the Authority to see that the conditions and requirements imposed by the Ministers are being complied with.

The upshot is that for this initial period the responsibility for controlling radioactive discharges from the Atomic Energy Authority's premises rests with the Ministers (and the Act accordingly contains provisions which have the effect of putting into abeyance certain of the normal public health or river pollution powers). It will be appreciated, however, that the public health authorities must be given an opportunity of putting their views to the Ministers and be able to ask that such safeguards as they feel to be necessary should be imposed for the authorities granted.

A number of Government Departments, including the Ministry of Health and the Ministry of Agriculture, Fisheries and Food, are directly interested in the control of atomic energy in their respective spheres. These interests are co-ordinated up to a point but the Fleck Committee felt strongly that such co-ordination should be closer and suggested that the Atomic Energy Office be built up to play a more positive role in this respect.

Collaboration also exists between the Atomic Energy Authority, the Electricity Authority and other groups of industrial firms engaged in nuclear power work, but there seems to be no control as yet over private firms confronted with similar but smaller hazards, for example luminising work done at home.

Turning now to matters which more directly concern the County Council as a Food and Drugs Authority, it is abundantly clear that those engaged in public health work will have to be given instruction in the nature of the hazards, their sources, the methods of detection and measurement, the available means of control and the discipline essential for the exercise of these methods especially in relation to the disposal of radioactive solids, liquids and gases. The subject is a most complex one, involving as it does mathematics, physics, chemistry, biology, physiology and engineering, and so raises special problems in regard to the provision of suitably qualified instructors, the selection and training of public health personnel and the nature and extent of the instruction to be given to the various categories of officers.

As regards the public health personnel to be trained, it would seem desirable that training and instruction should be given to medical officers of health and other senior medical staff, health inspectors, health visitors, nurses, factory inspectors and water engineers and, this being so, there would appear to be a need for some four different courses of instruction, each covering broadly the same field but varying in the extent of the detail given. A suggestion has been made that the shortest course be for not more than six to eight hours spread over two days and the longest at least an academic year, the intermediate two being a fortnight and a month respectively.

Clearly the technical staff need special instruction if the public health is to be protected independently of the Atomic Energy Authority and it would seem desirable too that the health visitors, nurses and midwives should have a general background of the subject so that when visiting homes they can talk to the mothers with knowledge and so avoid unnecessary alarm.

The Civil Defence Staff College at Sunningdale and the Royal Society of Health have already made a start by arranging preliminary courses of instruction specially designed for medical officers of health and it is anticipated that in due course the Ministry of Health in conjunction with the Atomic Energy Authority will issue a long term training plan.

Following the Windscale incident which occurred on the afternoon of the 10th October, 1957, and which revealed, among other things, the need for closer liaison between the management of atomic energy factories and the public health and other interested authorities, a liaison committee was set up in the Windscale area and in the Springfield area where a possible risk was also deemed to exist.

In both areas onsite and offsite operational plans were drawn up co-ordinating the use of fire, police, ambulance and civil defence services.

Since the setting up of these committees, however, the Atomic Energy Authority took steps at the two works concerned to eliminate any possible risk thus rescinding any real need for the operational plan drawn up and, indeed, for the liaison committee. However, it was decided to keep both liaison committees in being and that they should meet on an informal basis about twice a year so as to enable the interests of those concerned to satisfy themselves that the risks do, in fact, remain eliminated and that future developments will not create any new ones.

SHOPS ACT ADMINISTRATION.

The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act, 1950, in all rural districts of the Administrative County area and in all urban districts except those which had a population of 20,000 or more at the last published census. In the municipal boroughs, the respective councils are the local authority.

The position at the end of the year, therefore, was that of the 109 sanitary districts in the Administrative County 26 municipal borough councils and 11 urban district councils were local authorities for the purpose of enforcing the provisions of the Shops Act in their areas, the responsibility in the remaining 72 districts being that of the County Council.

The power to make closing, half-holiday and other orders conferred on the County Council has in 24 instances been delegated to urban district councils, the County Council retaining in these districts the right of enforcement.

Arrangements exist with 70 district councils in the Administrative County Shops Act area whereby certain of the inspectorial duties assigned to the County Council are undertaken by the public health inspectors of those councils in their respective areas. These duties include the provisions of the Act relative to—

- (a) the hours of employment of young persons ;
- (b) inspection of records and notices ;
- (c) means of lighting, washing facilities and facilities for meals ;
- (d) seats for female shop assistants.

In the two remaining districts, *viz.* the Urban District of Ashton-in-Makerfield and the Rural District of Blackburn, the duties are undertaken by the County Inspector of Shops.

In respect of the inspections so carried out by district public health inspectors, the County Council paid county district councils at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1958, inspection reports received under this scheme numbered 8,803. In addition, 41 inspections were carried out by the County Inspector of Shops in the two districts referred to. As a result of complaints received from various traders' associations, 30 investigations were undertaken by the County Inspector in regard to such matters as alleged trading after hours, both in shops and on the street, the enforcement of the weekly half-holiday and Sunday trading. Eighty-nine shopkeepers were cautioned and 321 were interviewed in connection with minor infringements of the requirements of the Act.

Successful legal proceedings were taken in 10 cases in connection with contraventions of the Sunday Trading restrictions, and fines and costs totalling £20 7s. were imposed.

TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1958

Crude Live Birth Rate----- Crude Death Rate ———

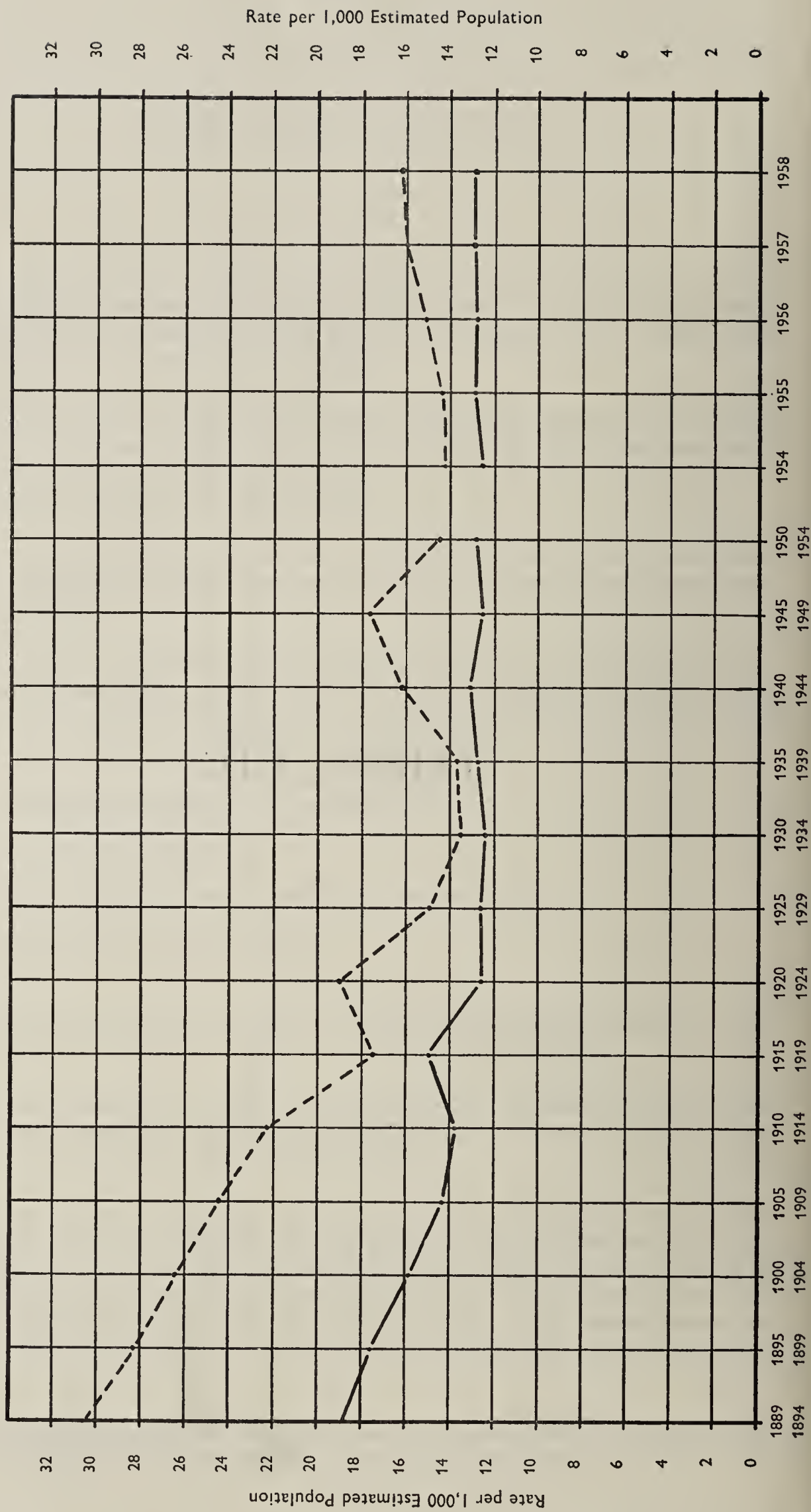


TABLE 1.—COUNTY BIRTH AND DEATH RATES 1889-1958

PERIOD					CRUDE LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
					County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
AVERAGE 5 YEARS—													
1889-1894 (6 years) ...					30.42	30.98	28.63	18.70	19.18	16.91	155	159	128
1895-1899 ...					28.34	28.63	26.56	17.64	17.97	15.62	167	173	130
1900-1904 ...					26.51	26.67	25.37	15.89	16.13	14.21	151	156	119
1905-1909 ...					24.54	24.70	23.46	14.35	14.52	13.17	128	132	98
1910-1914 ...					22.26	22.40	21.38	13.90	14.09	12.69	120	123	97
1915-1919 ...					17.45	17.47	17.31	14.98	15.10	14.25	101	103	89
1920-1924 ...					19.13	19.13	18.29	12.61	12.73	11.87	85	87	70
1925-1929 ...					14.94	14.99	14.65	12.65	12.85	11.51	77	79	66
1930-1934 ...					13.50	13.55	13.21	12.43	12.62	11.32	66	67	61
1935-1939 ...					13.82	13.76	14.21	12.81	13.03	11.43	58	59	52
1940-1944 ...					16.22	16.24	16.08	13.16	13.46	11.35	54	55	46
1945-1949 ...					17.75	17.97	16.42	12.63	12.90	11.05	45	45	41
1950-1954 ...					14.60	14.75	13.76	12.75	13.04	11.10	30	30	29
YEAR—													
1900 ...	...	...	...	...	26.80	26.96	25.72	17.19	17.46	15.26	162	167	123
1901 ...	...	...	...	...	26.57	26.78	25.13	16.28	16.58	14.21	161	167	118
1902 ...	...	...	...	...	26.85	26.95	26.14	15.26	15.43	14.08	139	143	116
1903 ...	...	...	...	...	26.77	27.04	24.96	15.22	15.44	13.69	140	143	114
1904 ...	...	...	...	...	25.56	25.66	24.90	15.54	15.78	13.81	157	162	124
1905 ...	...	...	...	...	25.06	25.22	23.99	14.32	14.52	12.99	132	137	101
1906 ...	...	...	...	...	24.99	25.11	24.22	14.62	14.81	13.33	139	143	109
1907 ...	...	...	...	...	24.23	24.47	22.60	14.40	14.59	13.11	125	129	96
1908 ...	...	...	...	...	24.86	25.05	23.60	14.45	14.61	13.31	131	136	97
1909 ...	...	...	...	...	23.57	23.67	22.91	13.96	14.08	13.11	115	110	87
1910 ...	...	...	...	...	22.48	22.47	22.52	12.73	12.83	12.09	117	121	93
1911 ...	...	...	...	...	22.64	22.88	21.15	15.05	15.33	13.25	144	148	111
1912 ...	...	...	...	...	22.00	22.09	21.42	13.61	13.76	12.60	104	106	89
1913 ...	...	...	...	...	22.20	22.41	20.86	14.20	14.39	13.00	124	128	100
1914 ...	...	...	...	...	22.02	22.19	20.95	13.95	14.17	12.53	112	115	96
1915 ...	...	...	...	...	19.78	19.91	18.95	15.32	15.60	13.57	119	123	94
1916 ...	...	...	...	...	18.54	18.54	18.59	14.31	14.47	13.32	99	101	82
1917 ...	...	...	...	...	16.25	16.27	16.08	13.98	14.05	13.56	96	96	94
1918 ...	...	...	...	...	16.08	16.09	16.06	17.26	17.40	16.41	100	101	90
1919 ...	...	...	...	...	16.62	16.58	16.88	14.06	14.01	14.40	93	94	88
1920 ...	...	...	...	...	22.97	22.30	22.98	12.74	12.83	12.19	91	95	67
1921 ...	...	...	...	...	20.76	21.06	18.94	12.27	12.31	11.97	88	90	76
1922 ...	...	...	...	...	18.11	18.28	17.04	13.23	13.43	11.99	85	87	75
1923 ...	...	...	...	...	17.29	17.42	16.48	12.30	12.44	11.45	80	82	67
1924 ...	...	...	...	...	16.54	16.62	16.05	12.53	12.66	11.77	81	84	68
1925 ...	...	...	...	...	15.89	15.99	15.23	12.66	12.79	11.86	82	83	71
1926 ...	...	...	...	...	15.61	15.66	15.29	11.99	12.21	10.69	80	82	71
1927 ...	...	...	...	...	14.57	14.59	14.48	12.72	12.86	11.94	73	74	68
1928 ...	...	...	...	...	14.56	14.64	14.08	11.91	12.08	10.95	69	71	57
1929 ...	...	...	...	...	14.09	14.08	14.20	14.00	14.32	12.12	84	87	64
1930 ...	...	...	...	...	14.01	14.07	13.66	11.87	12.10	10.56	64	64	58
1931 ...	...	...	...	...	13.85	13.90	13.51	12.86	13.05	11.73	70	72	63
1932 ...	...	...	...	...	13.44	13.50	13.12	12.29	12.50	11.09	67	68	65
1933 ...	...	...	...	...	12.89	12.92	12.70	13.09	13.26	12.09	68	70	61
1934 ...	...	...	...	...	13.34	13.38	13.07	12.08	12.21	11.15	61	61	59
1935 ...	...	...	...	...	13.31	13.30	13.34	12.62	12.78	11.54	62	62	57
1936 ...	...	...	...	...	13.63	13.62	13.71	12.85	13.09	11.21	58	59	47
1937 ...	...	...	...	...	13.81	13.78	14.05	13.29	13.47	12.14	62	64	51
1938 ...	...	...	...	...	14.14	14.03	14.86	12.29	12.48	11.08	55	55	53
1939 ...	...	...	...	...	14.25	14.11	15.12	13.04	13.33	11.20	57	57	52
1940 ...	...	...	...	...	14.44	14.37	14.87	14.34	14.78	11.63	59	60	50
1941 ...	...	...	...	...	14.73	14.76	14.55	13.06	13.40	11.03	61	62	51
1942 ...	...	...	...	...	15.97	16.07	15.42	12.31	12.59	10.68	52	54	44
1943 ...	...	...	...	...	17.32	17.38	16.98	13.26	13.51	11.79	54	55	47
1944 ...	...	...	...	...	18.64	18.65	18.61	12.84	13.02	11.64	46	47	41
1945 ...	...	...	...	...	16.62	16.63	16.50	13.12	13.39	11.45	50	51	43
1946 ...	...	...	...	...	18.42	18.63	17.09	12.61	12.82	11.32	46	46	48
1947 ...	...	...	...	...	20.48	20.87	18.12	13.02	13.25	11.59	47	47	45
1948 ...	...	...	...	...	17.21	17.48	15.64	11.74	12.00	10.18	40	40	35
1949 ...	...	...	...	...	15.99	16.18	14.85	12.72	13.05	10.78	38	39	32
1950 ...	...	...	...	...	15.06	15.22	14.09	12.84	13.18	10.88	33	33	31
1951 ...	...	...	...	...	14.61	14.79	13.56	13.85	14.23	11.76	29	29	31
1952 ...	...	...	...	...	14.33	14.50	13.40	12.23	12.65	9.89	30	31	26
1953 ...	...	...	...	...	14.77	14.92	13.96	12.17	12.34	11.25	29	29	30
1954 ...	...	...	...	...	14.25	14.33	13.81	12.64	12.80	11.72	29	29	29
1955 ...	...	...	...	...	14.39	14.31	14.86	12.95	13.19	11.60	26.6	25.9	30.1
1956 ...	...	...	...	...	15.24	15.19	15.49	12.72	12.96	11.43	27.2	27.3	26.6
1957 ...	...	...	...	...	16.00	15.89	16.56	12.85	13.11	11.45	25.2	25.3	24.5
1958 ...	...	...	...	...	16.17	16.17	16.18	12.85	12.95	12.23	25.6	25.5	26.3

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1958

(For Causes of Death, see Table 4, pp. 179-183.)

Note: The Census, 1951, populations given in this table refer to the areas as constituted at 31st December, 1958. Acreages are as supplied by the Ordnance Survey Department and are given to the nearest acre.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS			I.—Illegitimate			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY					MATERNAL MORTALITY													
			L.—Legitimate		BIRTHS		I.—Illegitimate		Number registered		Death rate per 1,000 population		Deaths of infants under one year			Deaths of infants under four weeks																	
	LIVE BIRTHS		STILLBIRTHS		Number registered		Still-birth rate per 1,000 total births		M.		F.		Total No. of deaths		Crude rate		*Ad-justed rate		M.			F.		Total leg. and illeg.		Rate per 1,000 live births							
	Number registered		Total No. of live births		Crude rate		*Ad-justed rate		M.		F.		Both sexes		Total No. of still-births		M.		F.			Both sexes		Total leg. and illeg.		Rate per 1,000 live births							
	Area in statute acres at 31st Dec. 1958	Census, 1951	Est. Home, at 30th June, 1958	M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 total births	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births	
Abram	1,984	6,284	6,190	L. 63	L. 98	L. 101	103	16.6	15.8	L. 1	L. 3	4	4	37.4	91	26	57	12.4	9.2	12.4	L. 2	L. 1	2	2	2	19.4	L. 1	1	1	1	9.7	—	nil
Accrington (B)	4,418	40,685	39,270	L. 258	L. 245	L. 508	524	13.8	14.0	L. 7	L. 3	10	10	18.7	325	327	652	16.4	16.6	16.4	L. 8	L. 7	15	9	10	19.1	L. 1	1	8	9	17.2	—	nil
Adlington	1,062	3,998	4,230	L. 30	L. 28	L. 58	61	14.4	15.4	L. 1	L. 1	—	—	nil	28	19	47	12.3	11.1	12.3	L. 1	L. 1	1	1	1	16.4	L. 1	1	1	1	16.4	—	nil
Ashton-in-Makerfield	6,267	19,057	19,230	L. 165	L. 120	L. 285	292	15.2	14.7	L. 3	L. 1	4	4	13.5	128	123	251	15.5	13.1	15.5	L. 4	L. 3	4	9	9	30.8	L. 1	3	7	7	24.0	—	nil
Ashton-under-Lyne (B) ..	4,135	52,089	50,600	L. 398	L. 358	L. 756	796	15.7	15.7	L. 17	L. 16	33	38	45.6	366	384	750	14.8	14.8	14.8	L. 16	L. 14	1	20	20	25.1	L. 1	1	15	15	18.8	—	nil
Aspull	1,906	6,522	6,670	L. 51	L. 48	L. 99	102	15.3	15.0	L. 2	L. 1	2	2	19.2	43	34	77	14.9	11.5	14.9	L. 1	L. 1	—	—	—	nil	L. 1	—	—	—	nil	—	nil
Atherton	2,264	20,596	19,700	L. 139	L. 179	L. 318	326	16.5	16.5	L. 4	L. 1	5	5	15.1	137	144	281	14.3	14.3	14.3	L. 2	L. 2	4	6	6	18.4	L. 1	1	3	3	9.2	1	3.02
Audenshaw	1,241	12,661	12,450	L. 83	L. 88	L. 171	178	14.3	14.7	L. 2	L. 1	3	4	22.0	76	67	143	12.7	11.5	12.7	L. 2	L. 2	1	3	3	16.9	L. 1	2	3	3	16.9	—	nil
Bacup (B)	6,121	18,374	17,990	L. 139	L. 149	L. 288	307	17.1	17.2	L. 4	L. 1	5	6	19.2	100	125	225	13.9	12.5	13.9	L. 1	L. 1	—	2	2	9.8	L. 1	—	2	2	9.8	—	nil
Barrowford	1,887	4,766	4,720	L. 37	L. 25	L. 62	62	13.1	14.7	L. 1	L. 2	3	3	46.2	42	35	77	14.7	16.3	14.7	L. 1	L. 1	1	2	2	32.3	L. 1	1	2	2	32.3	—	nil
Billinge and Winstanley ..	4,596	6,157	6,350	L. 45	L. 46	L. 91	91	14.3	15.3	L. 1	L. 1	—	—	nil	46	46	92	7.1	14.5	7.1	L. 1	L. 1	—	1	1	11.0	L. 1	—	—	—	nil	—	nil
Blackrod	2,392	3,153	3,360	L. 28	L. 27	L. 55	55	16.4	16.0	L. 1	L. 1	1	1	17.9	22	14	36	11.8	10.7	11.8	L. 1	L. 1	—	1	1	18.2	L. 1	1	1	1	18.2	—	nil
Brierfield	807	7,009	6,790	L. 49	L. 46	L. 95	96	14.1	15.5	L. 1	L. 1	—	—	nil	50	31	81	11.6	11.9	11.6	L. 1	L. 1	—	—	—	nil	L. 1	—	—	—	nil	—	nil
Carnforth	1,504	3,388	3,870	L. 97	L. 34	L. 71	72	18.6	18.6	L. 1	L. 1	1	1	13.7	20	24	44	12.6	11.4	12.6	L. 1	L. 1	—	1	1	13.9	L. 1	1	1	1	13.9	—	nil
Chadderton	3,013	31,124	32,240	L. 228	L. 265	L. 493	509	15.8	16.4	L. 4	L. 1	5	7	13.6	215	196	411	15.2	12.7	15.2	L. 6	L. 5	9	15	15	29.5	L. 1	7	12	12	23.6	—	nil
Chorley (B)	4,233	32,640	31,500	L. 225	L. 224	L. 449	459	14.6	14.7	L. 3	L. 4	7	8	17.1	203	234	437	15.4	13.9	15.4	L. 11	L. 10	3	17	17	37.0	L. 1	10	13	13	23.3	2	4.23

• The adjusted rates are based on "comparability factors" supplied by the Registrar General. For explanation see pages 22 and 25, and for the district "factors" see Table 3, page 178.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																
			I.—Legitimate		I.—Illegitimate		Number registered		Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks																				
	LIVE BIRTHS		STILLBIRTHS		L.—Legitimate						I.—Illegitimate		Rate per 1,000 live births		Rate per 1,000 live births		Rate per 1,000 live births		Rate per 1,000 live births																
	Area in statute acres at 31st Dec. 1958	Census, 1951	Est. Home, at 30th June, 1953	M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Rate per 1,000 live births	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Rate per 1,000 live births						
Church	528	5,200	5,730	L. I.	50 2	49 2	99 4	108	18.0	18.0	L. I.	2	3	5	67	11.7	12.4	L. I.	1	5	6	3	58.3	29.1	—	—	8	3	—	—	—	—	nil	—	
Clayton-le-Moors	1,060	6,825	6,860	L. I.	54 5	35 1	89 6	95	13.8	14.5	L. I.	—	1	1	112	16.3	17.8	L. I.	8	2	10	5	105.3	52.6	—	—	5	5	—	—	—	—	nil	—	
Clitheroe (B)	2,886	12,062	11,940	L. I.	86 3	58 4	144 7	151	12.6	14.3	L. I.	3	1	4	188	15.7	10.4	L. I.	2	1	3	3	19.9	19.9	—	—	3	3	—	—	—	—	nil	—	
Colne (B)	5,989	20,670	19,780	L. I.	142 7	110 5	252 12	264	13.3	14.3	L. I.	1	2	3	275	13.9	13.6	L. I.	1	—	1	1	7.6	3.8	—	—	—	1	—	—	—	—	—	nil	—
Crompton	2,865	12,559	12,520	L. I.	94 6	74 2	168 8	176	14.1	14.6	L. I.	2	2	4	169	13.5	14.4	L. I.	2	2	4	4	22.7	22.7	—	—	2	4	—	—	—	—	nil	—	
Crosby (B)	4,870	58,478	58,520	L. I.	512 18	521 22	1,033 40	1,073	13.3	13.3	L. I.	6	11	17	800	13.7	13.4	L. I.	12	12	24	17	23.3	15.8	—	—	10	17	—	—	—	—	nil	—	
Dalton-in-Furness	8,022	10,398	10,290	L. I.	73 4	77 4	150 8	158	15.4	15.7	L. I.	—	4	4	143	13.9	14.4	L. I.	—	—	2	1	12.7	6.3	—	—	1	1	—	—	—	—	nil	—	
Darwen (B)	5,959	30,827	29,630	L. I.	215 13	206 13	421 26	447	15.1	16.3	L. I.	8	2	10	507	17.1	16.7	L. I.	6	3	9	7	20.1	15.7	—	—	5	7	—	—	—	—	2-19	1	
Denton	2,598	25,603	27,540	L. I.	231 6	219 10	450 16	466	16.9	17.9	L. I.	4	4	8	289	10.5	12.5	L. I.	7	3	10	4	23.6	8.6	—	—	2	4	—	—	—	—	nil	—	
Droylsden	1,245	26,881	26,290	L. I.	197 8	137 4	334 7	401	15.3	15.4	L. I.	4	1	5	256	9.7	13.7	L. I.	5	3	8	5	20.0	12.5	—	—	3	5	—	—	—	—	nil	—	
Eccles (B)	3,417	43,926	43,600	L. I.	372 14	371 13	743 27	770	17.7	17.7	L. I.	9	15	24	829	19.0	14.8	L. I.	13	12	25	13	32.5	16.9	—	—	6	7	—	—	—	—	nil	—	
Fallsworth	1,679	18,705	19,260	L. I.	143 5	153 4	296 9	305	15.8	15.5	L. I.	1	1	2	213	11.1	13.6	L. I.	2	3	5	3	16.4	9.8	—	—	2	3	—	—	—	—	nil	—	
Farnworth (B)	1,504	28,616	27,520	L. I.	213 12	211 11	424 23	447	16.2	16.1	L. I.	5	6	11	434	15.8	15.5	L. I.	9	4	13	11	29.1	24.6	1	—	8	11	—	—	—	—	2-18	1	
Fleetwood (B)	2,565	27,537	28,370	L. I.	223 10	234 8	457 18	475	16.7	17.1	L. I.	5	8	13	372	13.1	14.6	L. I.	9	5	14	10	31.6	21.1	—	—	7	8	—	—	—	—	nil	—	
Formby.....	5,613	10,436	10,790	L. I.	73 4	85 1	158 5	163	15.1	17.4	L. I.	—	3	3	135	12.5	13.0	L. I.	—	—	—	—	6.1	nil	—	—	—	—	—	—	—	—	nil	—	
Fulwood	3,164	12,809	14,800	L. I.	99 2	86 4	185 6	191	12.9	13.5	L. I.	2	4	6	256	17.3	10.7	L. I.	—	2	2	2	10.5	10.5	—	—	2	2	—	—	—	—	nil	—	

* See note on page 170.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY									
			I.—Legitimate		I.—Illegitimate		Number registered		Still-birth rate per 1,000 total births		Deaths of infants under one year L.—Legitimate I.—Illegitimate		Deaths of infants under four weeks L.—Legitimate I.—Illegitimate		Rate per 1,000 live births		Rate per 1,000 total births														
	LIVE BIRTHS		STILLBIRTHS																												
	Number registered		Live birth rate per 1,000 p'n.		Number registered														Total No. of still-births		Crude rate		*Ad-justed rate		M.		F.		Both sexes		Total leg. and illeg.		Rate per 1,000 live births		Rate per 1,000 total births
	M.	F.	Both sexes	Total No. of live births	*Ad-justed rate	Crude rate	M.	F.	Both sexes	Total No. of still-births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Rate per 1,000 total births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Rate per 1,000 total births							
Golborne	16,878	19,910	L. 213	L. 194	407	414	20.8	18.9	L. 4	L. 4	8	8	19.0	L. 109	L. 80	189	9.5	19.1	L. 8	L. 5	13	8	19.8	L. 3	L. 2	5	12.1	—	—	—	—
Grange	8,028	2,840	L. 18	L. 13	31	85	12.8	18.0	L. —	L. —	—	—	nil	22	85	57	20.1	10.8	L. 1	L. 2	2	2	57.1	L. 1	L. 1	2	57.1	—	—	—	—
Great Harwood	2,868	10,739	L. 66	L. 75	141	142	18.8	14.8	L. 2	L. 2	4	4	27.4	89	85	174	16.8	15.6	L. 2	L. 4	4	4	28.2	L. 2	L. 1	3	21.1	—	—	—	—
Haslingden (B)	8,208	14,513	L. 96	L. 96	192	208	14.4	15.4	L. 3	L. 1	4	4	19.8	122	111	238	16.5	16.4	L. 3	L. 8	8	8	14.8	L. 3	L. —	8	14.8	—	—	—	—
Haydock	2,995	11,887	L. 104	L. 88	192	197	16.5	15.8	L. 3	L. 2	5	5	24.8	66	66	132	11.0	13.5	L. 6	L. 8	8	8	40.6	L. 5	L. 1	6	30.5	—	—	—	—
Heywood (B)	8,508	25,201	L. 201	L. 160	361	378	15.2	15.4	L. 2	L. 4	6	7	48.2	196	173	369	14.9	16.7	L. 10	L. 12	12	12	81.7	L. 6	L. 2	8	21.2	—	—	—	—
Hindley	2,612	19,415	L. 147	L. 119	266	273	14.2	14.2	L. 4	L. 5	9	10	35.8	151	105	256	18.8	16.2	L. 4	L. 6	6	6	22.0	L. 2	L. 1	3	11.0	—	—	—	—
Horwich	9,257	15,549	L. 124	L. 128	252	257	16.2	16.2	L. 3	L. 1	4	4	15.8	94	95	189	11.9	13.2	L. 2	L. 6	6	6	29.8	L. 2	L. 3	5	19.5	—	—	—	—
Huyton-with-Roby	3,053	55,796	L. 644	L. 645	1,289	1,334	21.8	21.6	L. 13	L. 21	84	85	25.6	241	240	481	7.9	13.8	L. 18	L. 39	40	40	30.0	L. 9	L. 17	26	20.2	—	—	—	—
Ince-in-Makerfield	2,920	20,413	L. 158	L. 183	341	301	15.0	14.4	L. 10	L. 6	16	16	50.5	126	90	216	10.8	15.2	L. 7	L. 10	11	11	36.5	L. 5	L. 2	7	23.3	—	—	—	—
Irlam	4,717	15,063	L. 129	L. 110	239	249	16.7	17.2	L. 2	L. 4	6	6	23.5	76	72	148	9.9	12.5	L. 3	L. 4	4	4	16.1	L. 3	L. 1	4	16.1	—	—	—	—
Kearsley	1,728	10,677	L. 86	L. 72	158	166	16.0	16.0	L. 3	L. 2	5	5	29.2	77	58	135	18.0	15.2	L. 1	L. 2	2	2	12.0	L. 1	L. —	1	6.0	—	—	—	—
†Kirkby	4,672	8,145	L. 435	L. 447	882	901	28.8	20.7	L. 13	L. 16	29	30	82.2	82	59	141	4.4	11.8	L. 20	L. 82	32	32	35.5	L. 15	L. 7	22	24.4	—	—	—	—
Kirkham	989	6,980	L. 80	L. 95	65	65	18.5	12.8	L. —	L. —	1	1	15.2	92	24	56	11.6	12.9	L. —	L. —	—	—	nil	L. —	L. —	—	nil	—	—	—	—
Lancaster (B)	4,873	51,661	L. 357	L. 354	711	762	15.5	16.7	L. 6	L. 5	11	13	16.8	388	370	758	15.8	11.9	L. 6	L. 12	14	14	18.4	L. 4	L. 4	8	13.1	—	—	—	—
Lees	288	4,160	L. 21	L. 19	40	48	10.8	11.9	L. 1	L. —	1	1	22.7	24	29	58	18.4	13.9	L. 2	L. 2	2	2	46.5	L. 1	L. —	1	23.3	—	—	—	—

* See note on page 170. † District created on 1st April, 1958. ‡ Adjusted population for calculation of birth and death rates.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY									
			L.—Legitimate		BIRTHS		I.—Illegitimate		Number registered		Death rate per 1,000 population		Deaths of infants under one year L.—Legitimate		Deaths of infants under four weeks L.—Legitimate																	
	Area in statute acres at 31st Dec. 1958	Census, 1951	Est. Home, at 30th June, 1958	LIVE BIRTHS			STILLBIRTHS			M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births					
				M.	F.	Both sexes	Total No. of registered	Still-birth rate per 1,000 total births	Total No. of deaths																			F.	M.	F.	Both sexes	Total leg. and illeg.
Leigh (B)	6,959	48,728	47,360	L. 898 I. 11	351 14	744 25	769	16.2	16.1	16.1	22	8	14	22	27.8	296	535	11.3	14.0	L. 5 I. 1	8	13	13	13	16.9	L. 4 I. 1	7	11	11	14.3	1	1.26
Leyland	3,804	14,719	18,080	L. 181 I. 2	171 3	352 5	357	19.8	19.0	19.0	4	3	1	4	11.1	117	194	10.8	14.4	L. 9 I. 1	2	11	11	11	30.8	L. 8 I. 1	1	9	9	25.2	—	nil
Litherland	1,209	23,628	24,590	L. 251 I. 8	230 7	481 15	496	20.2	19.0	19.0	8	3	5	8	15.9	198	256	10.4	15.1	L. 7 I. 1	6	13	13	13	26.2	L. 4 I. 1	4	8	8	16.1	—	nil
Littleborough	7,855	10,986	10,500	L. 86 I. 7	79 6	165 13	178	17.0	17.0	17.0	5	2	3	5	27.3	67	146	13.9	15.3	L. 3 I. 1	3	6	6	6	33.7	L. 2 I. 1	3	5	5	28.1	—	nil
Little Lever	808	4,704	4,750	L. 49 I. 1	37 3	86 3	89	18.7	19.7	19.7	1	1	—	1	11.1	31	48	10.1	11.8	L. 1 I. 1	—	—	—	—	nil	L. 1 I. 1	—	—	—	nil	—	nil
Longridge	3,285	4,815	4,570	L. 41 I. 1	52 1	93 1	94	20.6	22.4	22.4	1	1	—	1	10.5	24	47	10.3	11.7	L. 1 I. 1	2	3	3	3	31.9	L. 1 I. 1	2	3	3	31.9	—	nil
Lytham St. Annes (B) ...	5,814	30,943	31,740	L. 179 I. 11	181 4	360 15	375	11.8	13.6	13.6	14	3	6	9	36.0	287	602	19.0	13.5	L. 10 I. 1	2	12	12	12	32	L. 8 I. 1	2	10	10	26.7	—	nil
Middleton (B)	5,172	32,607	32,620	L. 491 I. 10	490 21	981 31	1,012	19.2	17.1	17.1	16	9	7	16	15.6	283	516	9.8	14.1	L. 10 I. 1	7	17	17	17	16.8	L. 8 I. 1	3	11	11	10.9	—	nil
Milnrow	5,194	8,587	8,360	L. 63 I. 4	56 2	119 6	125	15.0	15.1	15.1	4	1	2	3	31.0	56	108	12.9	13.3	L. 5 I. 1	2	7	7	7	56	L. 2 I. 1	2	4	4	32	—	nil
Morecambe and Heysham (B)	3,794	37,006	37,380	L. 226 I. 7	229 5	455 12	467	12.5	15.2	15.2	14	8	5	13	29.1	324	635	17.0	13.1	L. 9 I. 1	5	14	14	14	30.0	L. 7 I. 1	4	11	11	23.6	1	2.08
Mossley (B)	3,061	10,422	10,050	L. 91 I. 4	62 4	153 8	161	16.0	16.5	16.5	5	3	1	4	30.1	76	141	14.0	15.3	L. 6 I. 1	—	6	6	6	43.5	L. 5 I. 1	—	5	5	37.3	—	nil
Nelson (B)	3,445	34,884	32,060	L. 199 I. 18	208 12	407 25	482	13.5	14.5	14.5	9	3	4	7	20.4	254	489	15.3	14.6	L. 4 I. 1	6	10	10	11	25.5	L. 3 I. 1	2	5	5	11.6	—	nil
Newton-le-Willows	3,105	21,862	22,090	L. 166 I. 5	151 8	317 8	325	14.7	14.4	14.4	12	4	8	12	35.6	126	249	11.3	13.0	L. 7 I. 1	6	13	13	13	40	L. 7 I. 1	4	11	11	33.8	—	nil
Ormskirk	15,608	20,482	21,450	L. 155 I. 5	121 5	276 10	286	13.3	13.7	13.7	7	4	3	7	23.9	137	269	12.5	12.3	L. 1 I. 1	4	5	5	5	17.5	L. 1 I. 1	3	4	4	14.0	—	nil
Orrell	1,617	9,318	10,140	L. 88 I. 1	58 1	141 1	142	14.0	14.0	14.0	5	2	3	5	34.0	72	185	13.3	15.3	L. 1 I. 1	1	2	2	2	14.1	L. 1 I. 1	—	—	—	nil	—	nil
Oswaldtwistle	4,885	12,130	11,930	L. 73 I. 4	73 4	146 8	154	12.9	13.7	13.7	3	1	2	3	19.1	98	174	14.6	14.7	L. 2 I. 1	2	3	3	3	19.5	L. 2 I. 1	1	3	3	19.5	—	nil

* See note on page 170.

TABLE 2—continued.

URBAN DISTRICTS	Area in statute acres at 31st Dec. 1958	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
				L.—Legitimate		I.—Illegitimate		Number registered		Still-births		Number registered		Deaths of infants under one year L.—Legitimate I.—Illegitimate		Deaths of infants under four weeks L.—Legitimate I.—Illegitimate																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
		Census, 1951	Est. Home, at 30th June, 1958	LIVE BIRTHS				STILLBIRTHS				Total No. of deaths		Crude rate		*Ad-justed rate		M.		F.		Both sexes		Total leg. and illeg.		Rate per 1,000 live births																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
Padbham	975	10,041	9,910	L. I.	76 2	81 1	157 3	160	16.1	16.6	L. I.	1 —	2 —	3 —	18.4	68	147	14.8	15.1	L. I.	—	—	2 —	2 —	12.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

• See note on page 170.

TABLE 2—continued.

URBAN DISTRICTS	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY						
			L.—Legitimate		BIRTHS		I.—Illegitimate				Number registered				Death rate per 1,000 population		Deaths of infants under one year				Deaths of infants under four weeks								
	Area in statute acres at 31st Dec. 1958	Census, 1951	Est. Home, at 30th June, 1958	LIVE BIRTHS			STILLBIRTHS			Number registered			Total No. of deaths			*Ad-justed rate		Deaths of infants under one year			Deaths of infants under four weeks			Rate per 1,000 total births					
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes		Total leg. and illeg.	Rate per 1,000 live births	No. of deaths		
Tottington	2,542	5,824	5,680	L. 27	340	67	70	12.3	15.3	66.7	50	44	94	16.5	14.2	L. 14.3	1	1	1	1	1	1	1	1	1	1	14.3	—	
Trawden	6,815	2,114	1,980	L. 14	7	21	21	10.6	12.2	45.5	20	19	39	19.7	18.5	L. nil	—	—	—	—	—	—	—	—	—	—	—	nil	—
Turton	17,834	10,956	11,620	L. 76	3	154	158	13.6	15.1	24.7	116	84	200	17.2	15.5	L. 31.6	4	1	5	4	1	1	1	1	1	1	31.6	—	
Tyldesley	5,175	18,101	17,530	L. 115	8	116	231	13.5	13.3	8.4	115	94	209	11.9	14.2	L. 12.7	2	1	3	3	1	1	1	1	1	1	12.7	—	
Ulverston	3,196	10,076	10,400	L. 68	1	137	139	13.4	13.5	7.1	78	79	157	15.1	13.6	L. 21.6	3	1	3	3	1	1	1	1	1	1	21.6	—	
Up Holland	4,686	6,917	6,630	L. 70	36	106	107	16.1	16.1	36.0	47	40	87	13.1	16.7	L. 28.0	3	—	3	3	1	1	1	1	1	1	28.0	1	
Urmston	4,799	39,237	40,700	L. 347	8	682	686	16.9	16.9	25.6	213	184	397	9.8	11.7	L. 16.0	3	2	11	9	2	3	3	3	3	3	16.0	1	
Walton-le-Dale	4,733	14,709	16,330	L. 142	7	282	291	17.8	17.8	20.2	101	90	191	11.7	14.3	L. 27.5	2	1	8	7	1	2	2	2	2	2	27.5	1	
Wardle	3,192	4,892	4,520	L. 30	28	58	59	13.1	11.9	48.4	38	40	78	17.3	12.1	L. 50.8	3	2	3	3	1	2	1	1	1	1	50.8	—	
Westthoughton	5,560	15,004	15,310	L. 104	5	220	226	14.8	15.4	25.9	84	73	157	10.3	11.7	L. 13.3	2	1	3	3	1	1	1	1	1	1	13.3	—	
Whitefield	3,388	12,914	13,170	L. 92	3	195	200	15.2	15.8	24.4	76	98	174	13.2	15.2	L. 10	2	1	2	2	1	1	1	1	1	1	10	—	
Whitworth	4,438	7,444	7,420	L. 65	4	106	111	15.0	15.1	51.3	60	44	104	14.0	15.6	L. 45.0	4	1	5	4	1	—	—	—	—	—	45.0	—	
Widnes (B)	5,746	43,785	50,630	L. 525	13	1,002	1,045	20.6	19.6	24.3	277	234	511	10.1	14.2	L. 36.4	17	21	38	38	1	13	14	27	27	36.4	—		
Withnell	4,186	2,923	2,790	L. 16	8	30	33	11.8	13.1	29.4	25	17	42	15.1	15.5	L. nil	—	—	—	—	—	—	—	—	—	—	nil	—	
Worsley	7,241	27,361	36,500	L. 324	9	628	644	17.6	17.1	21.3	200	159	359	9.8	12.5	L. 13.6	6	6	12	12	1	4	6	10	10	13.6	—		
Total Urban Districts	379,587	1,748,745	1,827,000	L. 14,564	514	28,351	29,364	16.17	16.49	23.7	12,088	11,441	23,529	12.95	13.99	L. 25.5	807	422	729	748	9	210	314	524	536	25.5	14		

* See note on page 170. † Adjusted population for calculation of birth and death rates.

TABLE 2—continued.

RURAL DISTRICTS	POPULATION AT ALL AGES		BIRTHS				I.—Illegitimate				DEATHS			INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY							
			L.—Legitimate		I.—Illegitimate		Stillbirths		Number registered					Deaths of infants under one year		Deaths of infants under four weeks													
	Area in statute acres at 31st Dec. 1958	Census, 1951	Est. Home, at 30th June, 1958	LIVE BIRTHS			Stillbirths			Number registered			Death rate per 1,000 population		Deaths of infants under one year		Deaths of infants under four weeks		Rate per 1,000 total births										
				M.	F.	Both sexes	Total No. of live births	*Ad-justed crude rate	*Ad-justed rate per 1,000 p'n.	M.	F.	Both sexes	Total No. of still-births	M.	F.	Both sexes	Total No. of deaths	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths						
Blackburn	19,469	13,239	13,990	L. 76	85	161	166	11.9	13.9	L. 1	3	4	23.5	100	80	180	12.9	11.2	L. 1	1	1	1	1	1	1	1	6.0	—	nil
Burnley	39,849	16,771	16,170	L. 100	116	216	223	13.8	15.9	L. 1	3	3	17.6	119	106	225	13.9	12.8	L. 8	1	8	1	8	1	8	9	40.4	—	nil
Chorley	41,114	27,198	27,410	L. 223	169	392	403	14.7	15.7	L. 11	2	13	31.3	130	143	323	11.8	13.5	L. 11	1	5	1	9	4	13	13	32.3	—	nil
Clitheroe	32,170	8,668	9,340	L. 40	40	80	82	8.8	10.8	L. 1	1	1	nil	59	33	92	9.9	9.7	L. 1	1	2	1	1	1	1	1	12.2	—	nil
Fylde	33,264	16,243	16,010	L. 140	134	274	281	17.6	18.1	L. 5	3	8	27.7	123	153	276	17.2	15.5	L. 2	1	1	1	2	1	3	4	14.2	—	nil
Garstang	57,491	12,713	13,490	L. 102	96	198	208	15.4	16.6	L. 5	1	6	23.0	111	76	187	13.9	14.0	L. 2	1	1	1	1	1	1	2	9.6	—	nil
Lancaster	53,212	12,055	13,130	L. 96	82	178	182	13.9	15.0	L. 1	1	1	5.5	88	77	165	12.6	10.7	L. 2	1	2	1	1	1	2	2	11.0	—	nil
Lunesdale	76,267	7,953	7,440	L. 57	60	117	121	16.3	16.6	L. 1	1	1	8.2	42	45	87	11.7	11.7	L. 3	1	1	1	3	1	4	4	33.1	—	nil
Preston	49,754	37,989	40,290	L. 275	294	569	583	14.5	17.4	L. 3	4	7	13.5	322	302	624	15.5	12.2	L. 13	8	21	1	9	7	16	16	27.4	—	nil
Ulverston	127,448	17,248	16,010	L. 103	97	200	207	12.9	14.6	L. 2	2	4	19.0	123	122	245	15.3	13.6	L. 2	1	2	1	1	1	1	1	4.8	1	4.74
Warrington	22,350	36,745	33,790	L. 252	222	474	485	14.4	14.6	L. 5	9	14	30	178	145	323	9.6	9.2	L. 1	1	4	1	1	4	4	8.2	—	—	nil
West Lancashire	65,620	40,204	43,740	L. 431	466	947	967	19.8	19.6	L. 8	12	20	20.3	271	234	505	10.4	12.2	L. 13	4	17	1	9	3	12	12	12.4	—	nil
Whiston	23,786	35,439	36,370	L. 479	451	930	957	20.1	20.9	L. 8	10	18	20.5	253	223	476	10.0	11.1	L. 14	14	28	1	6	9	15	15	15.7	1	1.02
Wigan	11,696	8,216	9,320	L. 92	102	194	194	20.8	20.2	L. 1	2	3	15.2	59	56	115	12.3	15.2	L. 5	1	6	1	3	5	8	8	41.2	—	nil

* See note on page 170. † Adjusted population for calculation of birth and death rates.

TABLE 2—continued.

TOTALS	Area in statute acres at 31st Dec. 1958	POPULATION AT ALL AGES		BIRTHS				DEATHS				INFANT MORTALITY				NEO-NATAL MORTALITY				MATERNAL MORTALITY										
				L.—Legitimate		I.—Illegitimate		Number registered		Death rate per 1,000 population		Deaths of infants under one year L.—Legitimate I.—Illegitimate				Deaths of infants under four weeks L.—Legitimate I.—Illegitimate														
		LIVE BIRTHS		STILLBIRTHS																										
		Number registered		Live birthrate per 1,000 p'n.		Number registered																Still-birth rate per 1,000 total births								
		M.	F.	Both sexes	No. of live births	Crude rate	*Ad-justed rate	M.	F.	Both sexes	No. of deaths	Crude rate	*Ad-justed rate	M.	F.	Both sexes	Total leg. and illeg.	Both sexes	F.	M.	Rate per 1,000 live births	Total leg. and illeg.	Both sexes	F.	M.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births		
Total Rural Districts	658,491	290,131	302,000 L. †312,680 I.	2,516 L. 62 I.	2,414 L. 67 I.	4,980 L. 129 I.	5,059	16.18	16.83	L. 50 I. 3	52 2	102 5	20.7	2,028	1,795	3,823	12.23	12.84	L. 77 I. 3	50 8	127 6	133	26.3	L. 53 I. 2	86 1	89 3	92	18.2	2	0.89
Total Urban Districts	379,587	1,748,745	1,827,000 L. †1,816,320 I.	14,564 L. 499	13,787 L. 514	28,351 L. 1,013	29,364	16.17	16.49	L. 327 I. 28	339 19	666 47	23.7	12,088	11,441	23,529	12.95	13.99	L. 422 I. 13	307 6	729 19	748	25.5	L. 314 I. 9	210 3	524 12	536	18.3	14	0.47
Total Administrative County	1,038,078	2,038,876	2,129,000 L. 17,080 I.	17,080 L. 561	16,201 L. 581	33,281 L. 1,142	34,423	16.17	16.49	L. 377 I. 31	891 21	768 52	23.3	14,116	13,236	27,352	12.85	13.87	L. 499 I. 16	357 9	856 25	881	25.6	L. 367 I. 11	246 4	613 15	628	18.2	16	0.45

* See note on page 170. † Adjusted population for calculation of birth and death rates.

TABLE 3.—COMPARABILITY FACTORS RELATIVE TO EACH COUNTY DISTRICT FOR USE IN THE ADJUSTMENT OF THE CRUDE BIRTH AND DEATH RATES, 1958

(For explanations see pages 22 and 25, and for adjusted rates, Table 2, page 170)

Urban Districts	Comparability Factor		Urban Districts	Comparability Factor	
	Births	Deaths		Births	Deaths
Abram	0.95	1.35	Mossley (B)	1.03	1.09
Accrington (B)	1.05	0.99	Nelson (B)	1.08	0.96
Adlington	1.07	1.11	Newton-le-Willows	0.98	1.15
Ashton-in-Makerfield	0.97	1.19	Ormskirk	1.03	0.98
Ashton-under-Lyne (B)	1.00	1.00	Orrell	1.00	1.15
Aspull	0.98	1.29	Oswaldtwistle	1.06	1.01
Atherton	1.00	1.00	Padiham	1.03	1.02
Audenshaw	1.03	1.11	Poulton-le-Fylde	0.97	1.13
Bacup (B)... ..	1.01	1.11	Preesall	1.27	0.67
Barrowford	1.12	0.90	Prescot	0.91	1.20
Billinge & Winstanley	1.07	0.49	Prestwich (B)	1.13	0.78
Blackrod	0.98	1.10	Radcliffe (B)	1.05	1.10
Brierfield	1.10	0.97	Rainford	0.95	1.22
Carnforth	1.00	1.11	Ramsbottom	1.08	0.95
Chadderton	1.04	1.19	Rawtenstall (B)	1.06	0.99
Chorley (B)	1.01	1.11	Rishton	1.12	1.01
Church	1.00	1.06	Royton	1.04	1.12
Clayton-le-Moors	1.05	1.09	Skelmersdale	1.00	1.27
Clitheroe (B)	1.13	0.66	Standish-with-Langtree	1.06	1.13
Colne (B)	1.07	0.98	Stretford (B)	0.95	1.19
Crompton	1.04	1.07	Swinton & Pendlebury (B)	1.05	1.20
Crosby (B)	1.00	0.98	Thornton Cleveleys	1.21	0.77
Dalton-in-Furness	1.02	1.04	Tottington	1.24	0.86
Darwen (B)	1.08	0.98	Trawden	1.15	0.94
Denton	1.06	1.19	Turton	1.11	0.90
Droylsden	1.01	1.41	Tyldesley	0.99	1.19
Eccles (B)	1.00	0.78	Ulverston	1.01	0.90
Failsworth	0.98	1.23	Up Holland	1.00	1.27
Farnworth (B)	0.99	0.98	Urmston	1.00	1.20
Fleetwood (B)	1.02	1.11	Walton-le-Dale	1.00	1.22
Formby	1.15	1.04	Wardle	0.91	0.70
Fulwood	1.05	0.62	Westhoughton	1.04	1.14
Golborne	0.91	1.38	Whitefield... ..	1.04	1.15
Grange	1.46	0.54	Whitworth	1.01	1.11
Great Harwood	1.11	0.96	Widnes (B)	0.95	1.41
Haslingden (B)	1.07	0.99	Withnell	1.11	1.03
Haydock	0.96	1.22	Worsley	0.97	1.27
Heywood (B)	1.01	1.12			
Hindley	1.00	1.22	Rural Districts		
Horwich	1.00	1.11	Blackburn	1.17	0.87
Huyton-with-Roby	0.99	1.76	Burnley	1.15	0.92
Ince-in-Makerfield	0.96	1.41	Chorley	1.07	1.15
Irlam	1.03	1.26	Clitheroe	1.23	0.98
Kearsley	1.00	1.17	Fylde	1.03	0.90
Kirkby	0.73	2.67	Garstang	1.08	1.01
Kirkham	0.95	1.11	Lancaster	1.08	0.85
Lancaster (B)	1.08	0.78	Lunesdale	1.02	1.00
Lees	1.10	1.04	Preston	1.20	0.79
Leigh (B)	0.99	1.24	Ulverston	1.13	0.89
Leyland	0.96	1.34	Warrington	1.02	0.96
Litherland	0.94	1.45	West Lancashire	0.99	1.18
Littleborough	1.00	1.10	Whiston	1.04	1.11
Little Lever	1.05	1.17	Wigan	0.97	1.23
Longridge	1.09	1.14			
Lytham St. Annes (B)	1.15	0.71			
Middleton (B)	0.89	1.44	Aggregate—Urban Districts	1.02	1.08
Milnrow	1.01	1.03	Aggregate—Rural Districts	1.04	1.05
Morecambe & Heysham (B)	1.22	0.77	Administrative County	1.02	1.08

URBAN DISTRICTS		Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																					
			Tuberculosis, respiratory,	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
												Stomach	Lung, bronchus	Breast	Uterus																									
Abram.....	57	—	—	—	—	—	—	—	—	—	—	—	2	—	—	5	6	3	10	4	2	4	—	—	—	5	2	4	—	1	—	—	—	—	4	1	3	1	—	
Accrington (B)	652	5	1	—	—	—	—	—	1	16	22	12	8	58	2	5	120	28	93	21	1	25	28	4	5	—	7	2	4	5	1	—	—	—	4	2	11	4	—	
Adlington	47	—	—	—	—	—	—	—	—	3	—	1	—	3	1	7	8	1	6	3	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	1	—
Ashton-in-Makerfield	251	1	—	1	—	—	—	—	—	7	4	1	2	23	1	2	49	9	49	6	—	7	9	2	—	1	2	1	—	—	1	28	4	8	5	—	—	—		
Ashton-under-Lyne (B) ...	750	9	1	1	—	—	—	—	2	14	19	9	10	53	5	7	100	19	144	23	1	46	66	9	8	—	7	7	—	6	55	5	13	10	—	—	—	—	—	
Aspull	77	—	—	—	—	—	—	—	—	1	1	6	—	8	—	1	9	3	19	—	2	3	2	—	—	—	2	—	—	—	—	3	—	—	—	—	1	2	—	
Atherton	281	2	—	1	—	—	—	—	—	4	11	2	2	17	1	5	46	2	48	8	1	15	13	7	—	—	4	1	1	—	—	29	1	4	3	—	—	—		
Audenshaw.....	143	—	—	—	—	—	—	—	1	3	4	—	—	13	1	—	20	3	31	4	—	3	14	3	—	—	—	2	—	1	2	9	2	1	—	—	—	—	—	
Bacup (B)	225	2	—	—	—	—	—	—	—	7	1	2	2	13	3	3	38	6	47	14	—	5	10	1	1	—	1	3	—	2	25	2	8	5	—	—	—	—	—	
Barrowford.....	77	—	—	—	—	—	—	—	—	5	—	1	—	8	—	—	11	1	11	1	2	5	1	—	—	—	2	—	—	—	7	—	—	—	—	—	1	1	—	
Billinge and Winstanley ...	92	—	—	—	—	—	—	—	—	4	—	2	2	8	1	—	22	7	9	—	3	2	1	—	—	—	3	—	1	—	22	1	5	1	—	—	—	—	—	
Blackrod	36	—	—	—	—	—	—	—	—	—	—	1	—	6	—	—	5	1	8	2	—	—	2	—	—	—	—	2	—	—	4	—	—	—	—	—	—	—	—	
Brierfield	81	1	—	—	—	—	—	—	2	4	4	1	—	5	—	—	10	4	9	3	—	2	2	1	1	—	—	2	—	—	10	—	—	—	—	—	3	2	—	
Carnforth	44	—	—	—	—	—	—	—	—	—	1	2	1	3	—	—	5	8	1	7	2	—	3	1	—	—	—	—	—	—	5	1	4	—	—	—	—	—	—	
Chadderton	411	4	—	—	—	—	—	—	1	14	8	6	4	33	1	1	62	7	69	14	1	24	41	6	6	—	1	1	—	4	28	1	8	2	—	—	—	—	—	
Chorley (B)	437	4	—	1	—	—	—	—	—	8	10	1	3	36	2	1	67	11	94	25	4	12	34	3	2	—	1	1	2	9	34	5	5	5	—	—	—	—	—	
Church	67	—	—	—	—	—	—	—	—	—	—	1	2	4	—	—	12	14	1	10	2	3	4	—	—	—	1	1	—	2	7	—	—	—	—	—	—	—	—	
Clayton-le-Moors	112	2	1	—	—	—	—	—	—	3	4	3	1	7	—	1	19	—	13	2	—	6	8	2	2	—	2	—	—	2	9	—	—	—	—	—	5	1	—	
Clitheroe (B)	188	2	—	—	—	—	—	—	—	4	6	4	2	13	1	1	49	2	21	7	—	8	5	2	—	—	1	1	—	—	9	2	3	3	1	—	—	—	—	
Colne (B)	275	1	—	—	—	—	—	—	—	9	9	6	1	11	—	—	53	46	10	44	11	6	16	4	7	—	2	—	—	1	17	2	13	5	—	—	—	—	—	
Crompton	169	1	—	3	—	—	—	—	—	5	6	2	1	16	—	1	17	3	32	8	5	2	14	2	—	—	4	—	—	—	13	1	8	6	—	—	—	—	—	
Crosby (B)	800	13	—	3	—	—	—	—	—	20	29	13	8	67	4	2	128	24	119	25	7	53	42	5	5	—	7	4	—	52	4	24	6	1	—	—	—	—	—	
Dalton-in-Furness	143	—	—	—	—	—	—	—	—	2	4	1	2	20	1	1	25	—	25	—	2	—	10	—	1	—	1	1	—	13	2	2	1	—	—	—	—	—	—	
Darwen (B)	507	1	—	—	—	—	—	—	—	8	12	13	3	40	3	4	101	11	85	18	—	17	33	4	3	—	2	8	1	28	5	8	11	—	—	—	—	—	—	

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJUNED CAUSES																																					
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war		
											Stomach	Lung, bronchus	Breast	Uterus																									
Leyland	194	3	—	—	—	—	—	—	—	—	8	4	2	1	10	2	3	31	30	1	34	6	—	5	12	3	5	—	—	1	—	—	—	3	20	3	5	2	—
Litherland	256	4	—	—	—	—	—	—	—	2	9	10	6	1	18	1	2	26	46	10	31	5	—	14	18	3	3	—	—	2	2	—	—	4	31	5	3	2	—
Littleborough.....	146	1	—	—	—	—	—	—	—	—	2	4	1	—	6	1	—	22	24	4	22	6	—	2	14	—	—	—	—	—	—	—	—	3	16	4	3	3	—
Little Lever	48	1	—	1	—	—	—	—	—	—	1	1	1	—	4	—	—	7	9	—	10	1	—	1	4	1	—	—	—	—	—	—	1	10	—	1	1	—	
Longridge	47	—	—	—	—	—	—	—	—	—	1	1	2	—	3	1	—	5	8	—	9	1	—	3	—	—	—	—	—	—	—	—	—	3	41	3	12	5	—
Lytham St. Annes (B)	602	3	2	2	—	—	—	—	—	—	17	16	8	4	55	4	3	100	104	18	101	31	5	16	36	2	2	2	4	—	—	—	—	4	35	6	13	12	—
Middleton (B)	516	8	—	2	—	—	—	—	—	—	23	19	6	1	33	1	4	102	82	14	57	17	1	22	43	2	2	1	—	—	—	—	—	10	1	4	—	—	
Milnrow	108	1	—	—	—	—	—	—	—	—	2	2	—	1	6	2	—	20	15	2	20	2	—	4	14	1	—	—	—	—	—	—	—	—	—	—	1	4	—
Morecambe & Heysham (B)	635	—	1	1	—	—	—	—	—	—	24	24	9	3	48	1	4	108	152	9	96	20	3	16	26	3	3	8	—	—	—	—	1	38	2	12	8	—	
Mossley (B)	141	—	—	1	—	—	—	—	—	—	4	5	—	2	11	—	—	21	17	5	22	6	—	7	13	—	—	—	—	—	—	—	—	16	2	6	2	—	
Nelson (B)	489	1	—	—	—	—	—	—	—	—	20	11	3	7	50	1	4	76	103	5	79	18	—	8	26	3	3	2	3	—	—	—	5	39	3	12	5	2	
Newton-le-Willows	249	2	—	—	—	—	—	—	—	—	1	13	9	3	23	—	3	24	40	8	52	4	—	9	6	1	2	1	—	—	—	—	3	22	1	15	4	1	
Ormskirk	269	1	—	—	—	—	—	1	—	2	10	7	4	3	14	—	1	37	49	2	47	10	4	18	14	2	2	1	—	—	—	—	1	27	7	4	1	—	
Orrell	135	—	—	—	—	—	—	—	—	1	1	9	4	2	13	1	—	28	21	6	16	2	—	5	7	2	2	—	—	—	—	—	1	8	2	2	—	—	
Oswaldtwistle	174	3	—	—	—	—	—	—	—	—	4	6	2	2	13	—	1	33	32	3	26	6	2	7	7	3	3	4	—	—	—	—	2	9	1	3	3	—	
Padiham	147	2	—	—	—	—	—	—	—	—	6	6	2	—	7	1	3	22	28	2	30	3	—	4	9	1	1	1	—	—	—	—	—	11	—	—	4	2	1
Poulton-le-Fylde	118	—	—	—	—	—	—	—	—	—	4	3	2	3	15	—	1	25	20	2	11	6	3	4	—	—	1	—	—	—	—	—	1	11	1	—	—	—	
Preesall	33	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	3	10	1	4	2	—	1	—	2	—	—	—	—	—	—	—	8	—	—	—	—	
Prescot	137	2	—	—	—	—	—	—	—	—	7	6	2	—	11	—	1	21	26	5	12	3	1	5	5	2	2	2	—	—	—	—	3	17	2	3	—	—	
Prestwich (B).....	521	3	—	2	—	—	—	—	—	1	12	23	9	5	34	—	6	70	63	14	117	26	5	31	26	8	3	3	4	—	—	—	3	35	3	11	3	—	
Radcliffe (B)	424	3	—	—	—	—	—	—	—	1	9	13	7	3	27	—	6	43	71	13	101	14	—	14	35	3	3	4	—	—	—	—	3	26	3	11	5	—	
Rainford	37	—	—	—	—	—	—	—	—	—	1	1	—	—	2	—	—	3	3	1	10	1	—	3	—	—	—	—	—	—	—	—	1	10	—	—	—	—	
Ramsbottom	207	—	—	—	—	—	—	—	—	—	6	4	4	2	15	1	1	48	26	14	41	6	1	3	6	—	—	—	—	—	—	—	—	12	3	6	4	—	
Rawtenstall (B)	380	2	—	—	—	—	—	—	—	1	7	4	4	3	27	3	2	62	66	7	89	8	—	10	26	2	2	1	—	—	—	—	2	26	3	12	4	1	

TABLE 4—continued.

URBAN DISTRICTS	Total No. of deaths from all causes	MORTALITY FROM SUBJOINED CAUSES																																			
		Tuberculosis, respiratory, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, leukæmia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hypertasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
										Stomach	Lung, bronchus	Breast	Uterus																								
Rishton	87	—	—	—	—	—	—	—	—	4	5	1	—	5	—	1	13	11	3	5	2	—	5	10	2	2	—	—	1	—	—	1	12	1	3	—	—
Royton	180	3	—	—	—	—	—	—	—	5	8	1	1	16	—	2	22	21	7	34	8	2	8	11	2	2	—	—	2	3	—	15	4	3	—	—	
Skelmersdale	62	—	—	—	—	—	—	—	—	2	1	1	—	4	1	3	7	10	—	16	—	—	3	2	4	—	—	—	—	—	—	8	—	—	—	—	
Standish-with-Langtree ...	110	—	—	—	—	—	—	—	—	2	3	1	—	6	1	—	21	21	3	17	1	7	2	9	2	—	—	—	1	—	—	7	—	—	3	1	—
Stretford (B)	725	3	2	—	—	—	—	—	1	18	41	10	3	67	4	3	100	112	13	87	30	2	38	54	9	5	10	2	6	—	9	56	8	15	8	—	
Swinton & Pendlebury (B)	437	3	1	—	—	—	—	—	4	14	16	5	1	32	1	2	69	89	11	46	25	—	16	23	5	5	2	2	5	1	5	32	6	9	4	—	
Thornton Cleveleys	293	—	—	—	—	—	—	—	—	11	8	1	3	24	2	—	33	38	11	89	11	—	9	8	2	3	2	2	6	2	—	3	15	3	7	1	—
Tottington	94	—	1	—	—	—	—	—	1	3	3	1	—	4	—	—	13	19	6	25	3	—	2	1	—	—	—	—	1	2	—	4	—	—	3	1	—
Trawden	39	1	—	—	—	—	—	—	—	1	—	—	—	6	—	—	3	5	2	8	2	—	4	2	—	—	—	—	—	—	—	2	—	—	—	1	—
Turton	200	—	—	—	—	—	—	—	—	4	8	—	4	8	1	3	29	19	5	36	12	—	5	7	1	1	1	1	—	3	—	1	8	2	39	2	—
Tyldesley	209	—	1	—	—	—	—	—	—	8	7	2	1	14	—	1	35	34	8	19	23	1	2	16	8	1	1	1	3	—	—	16	—	—	4	4	—
Ulverston	157	—	—	—	—	—	—	—	—	3	2	—	—	16	—	2	23	39	—	18	12	—	11	3	1	2	1	—	2	—	—	12	4	5	1	—	—
Up Holland	87	—	—	—	—	—	—	—	1	3	1	2	1	3	—	—	11	20	3	18	1	2	2	5	1	1	1	—	1	—	—	8	1	—	—	1	—
Urmston	397	1	1	—	—	—	—	—	—	12	22	8	—	25	4	2	59	79	9	63	21	1	10	30	—	2	2	3	1	1	2	24	2	8	4	1	—
Walton-le-Dale	191	1	—	—	—	—	—	—	1	5	4	3	3	13	—	4	29	35	4	27	18	—	5	13	—	3	1	3	2	1	1	11	1	1	1	1	1
Wardle	78	—	1	—	—	—	—	—	1	2	3	2	1	9	1	—	11	11	—	21	2	—	2	2	—	1	—	—	—	—	—	1	4	—	2	—	—
Westhoughton	157	2	—	—	—	—	—	—	—	1	4	1	2	12	—	1	17	38	3	27	8	—	3	6	—	1	1	2	3	1	—	1	10	4	4	6	—
Whitefield	174	1	—	—	—	—	—	—	2	7	8	2	2	9	—	1	27	32	2	34	8	1	2	8	—	1	1	1	2	3	—	1	14	—	3	3	—
Whitworth	104	—	—	—	—	—	—	—	—	1	3	1	—	9	1	1	17	15	2	25	3	1	4	6	1	—	—	—	2	—	—	8	—	—	1	1	—
Widnes (B)	511	4	1	1	—	—	—	—	—	22	23	11	7	47	1	2	69	61	9	63	25	3	23	49	—	1	—	—	2	3	—	11	47	4	18	3	1
Withnell	42	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	7	8	—	11	1	—	—	2	—	—	—	—	—	—	—	1	4	—	2	—	—
Worsley	359	5	—	—	—	—	—	—	2	10	15	5	5	20	—	2	57	72	8	44	9	1	12	24	3	6	1	1	1	1	4	34	8	4	6	—	—

TABLE 4—continued.

RURAL DISTRICTS	MORTALITY FROM SUBJOINED CAUSES																																				
	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm				Other malignant and lymphatic neoplasms	Leukaemia, aileukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	
										Stomach	Lung, bronchus	Breast	Uterus																								
Blackburn	4	1	—	—	—	—	—	—	—	5	5	3	—	13	1	1	30	32	7	20	1	—	13	6	—	3	—	1	1	—	—	29	1	1	2	—	
Burnley	—	—	—	—	—	—	—	—	2	8	11	2	1	24	—	1	33	40	3	27	20	—	4	12	4	3	—	—	1	—	23	1	4	1	—		
Chorley	3	1	—	—	—	—	—	—	—	10	6	6	4	21	1	2	45	57	2	71	19	2	9	8	3	4	—	1	3	—	5	19	8	12	—		
Clitheroe	—	—	—	—	—	—	—	—	1	—	4	—	—	14	3	1	12	17	4	10	1	—	6	2	1	—	—	—	—	—	4	4	—	1	4	3	
Fylde	—	1	—	—	—	—	—	—	—	5	8	3	5	15	2	1	36	29	3	22	41	—	8	13	1	1	—	2	1	—	1	66	3	5	4	—	
Garstang	2	—	1	—	—	—	—	—	—	6	5	5	2	19	—	2	26	28	4	31	4	1	5	9	1	1	—	1	—	3	1	18	4	6	2	—	
Lancaster	1	—	—	—	—	—	—	—	—	5	3	4	—	9	—	—	25	37	1	29	9	—	6	8	1	1	—	—	4	1	1	12	2	4	2	—	
Lunesdale	—	—	—	—	—	—	—	—	—	1	1	1	—	5	1	1	17	22	—	12	2	3	—	4	—	—	—	—	2	—	3	6	1	1	3	—	
Preston	11	1	4	—	—	—	—	—	—	11	13	5	6	30	—	3	84	89	34	132	19	—	28	27	10	3	—	2	5	4	—	10	65	6	16	6	—
Ulverston	1	—	—	—	—	—	—	—	—	5	3	8	—	22	—	—	37	57	1	38	9	3	13	7	2	3	—	—	3	4	1	1	18	2	3	4	—
Warrington	3	1	1	—	—	—	—	—	1	6	12	6	4	28	1	3	24	60	11	81	13	1	11	14	1	1	—	—	1	—	1	21	1	9	1	—	
West Lancashire	2	—	—	—	—	—	—	—	—	16	25	10	3	33	5	5	67	92	13	71	21	—	26	25	1	2	—	—	—	—	3	54	7	11	5	—	
Whiston	3	1	2	—	—	1	—	—	1	12	19	8	4	38	3	2	49	77	9	52	32	2	27	23	10	2	5	1	2	1	4	55	5	17	8	1	
Wigan	2	—	—	—	—	—	1	—	—	3	2	1	—	7	1	2	15	20	6	25	2	4	1	2	—	—	—	—	1	—	2	12	2	3	—	1	
Total Rural Districts	32	6	8	—	—	1	1	—	5	93	117	62	29	278	18	24	500	657	98	621	193	16	157	160	35	25	13	31	20	2	36	402	43	93	42	5	
Total Urban Districts	172	13	35	1	—	9	8	1	36	642	756	339	193	1816	87	152	3611	3820	530	3877	1008	105	913	1476	218	178	91	202	143	14	193	1823	225	568	262	12	
Administrative County ...	204	19	43	1	—	10	9	1	41	735	873	401	222	2094	105	176	4111	4477	628	4498	1201	121	1070	1636	253	203	104	233	163	16	229	2225	268	661	304	17	

TABLE 5—CAUSES OF DEATH at different periods of life

Year ended 31st December, 1958

CAUSES OF DEATH	Col.	Sex	ADMINISTRATIVE COUNTY										AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
			YEARS										YEARS										YEARS									
			All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-			
ALL CAUSES		M. F.	14116 13236	515 366	75 47	84 44	130 61	614 448	4081 2537	4062 3573	4555 6160	12088 11441	435 313	62 40	65 31	104 49	516 379	3515 2194	3519 3130	3872 5305	2028 1795	80 53	13 7	19 13	26 12	98 69	566 343	543 443	681 851			
Tuberculosis, respiratory	1	M. F.	151 53	— —	1 1	— —	2 1	21 19	82 20	35 11	10 1	128 44	— —	1 1	— —	2 1	18 14	69 18	29 9	9 1	23 9	— —	— —	— —	— —	3 5	18 2	6 2	— —			
Tuberculosis, other	2	M. F.	6 13	— —	1 1	— 4	2 1	1 1	1 2	— 4	1 —	3 10	— —	— 1	— 3	1 1	— 1	1 1	— 3	1 —	3 3	— —	1 —	— 1	— —	1 —	— 1	— 1	— —			
Syphilitic disease	3	M. F.	28 15	— —	— —	— —	— 1	2 2	13 4	13 5	— 3	24 11	— —	— —	— —	— —	2 3	11 3	11 5	— 3	4 4	— —	— —	— —	— 1	2 2	— 1	— —				
Diphtheria	4	M. F.	1 —	— —	— —	1 —	— —	— —	— —	— —	— —	1 —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —			
Whooping cough	5	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —			
Meningococcal infections	6	M. F.	4 6	1 1	2 3	— —	— 1	— 1	— —	1 —	— —	4 5	1 1	2 2	— —	— 1	— 1	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —			
Acute poliomyelitis	7	M. F.	4 5	— —	— 1	2 3	1 1	— —	— —	— —	— —	4 4	— —	— 1	2 2	1 1	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —			
Measles	8	M. F.	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	1 —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —			
Other infective and parasitic diseases	9	M. F.	17 24	1 —	1 —	1 —	1 2	3 6	5 6	3 7	2 3	15 21	1 —	1 —	1 —	1 2	3 4	4 6	2 6	2 3	2 3	— —	— —	— —	— —	— —	— 2	1 —	1 —			
Malignant neoplasm, stomach	10	M. F.	394 341	— —	— —	— —	— —	13 8	148 85	140 120	93 128	343 299	— —	— —	— —	— —	13 7	124 75	123 101	83 116	51 42	— —	— —	— —	— —	— —	— 1	24 10	17 19			
lung, bronchus	11	M. F.	745 128	— —	— —	— —	— —	37 15	399 60	238 41	71 12	651 105	— —	— —	— —	— —	29 11	349 50	215 33	58 11	94 23	— —	— —	— —	— —	— —	8 4	50 10	23 8			
breast	12	M. F.	3 398	— —	— —	— —	— —	— 39	— 181	— 95	2 83	1 338	— —	— —	— —	— —	— 36	— 155	— 80	1 67	2 60	— —	— —	— —	— —	— —	1 3	— 26	— 15			
uterus	13	F.	222	—	—	—	—	21	100	64	37	193	—	—	—	—	20	84	55	34	29	—	—	—	—	—	1	16	9			
Other malignant and lymphatic neoplasms	14	M. F.	1122 972	— 1	3 1	4 2	11 6	43 50	351 324	393 287	317 301	971 845	— 1	3 1	2 1	10 5	39 44	303 286	340 246	274 261	151 127	— —	— —	2 1	1 1	4 6	48 38	53 41	4 4			
Leukaemia, aleukaemia	15	M. F.	61 44	1 1	2 2	1 4	5 —	7 8	24 15	16 9	5 5	51 36	1 1	1 2	1 4	3 —	6 7	21 12	13 7	5 3	10 8	— —	1 —	— —	2 —	1 1	3 3	— 2	— —			
Diabetes	16	M. F.	52 124	— —	— —	— —	— 2	2 3	18 24	17 54	15 41	45 107	— —	— —	— —	— —	— 3	15 19	14 49	14 36	7 17	— —	— —	— —	— 2	— —	3 5	3 5	— —			
Vascular lesions of nervous system	17	M. F.	1740 2371	1 1	— —	2 2	6 2	24 27	362 342	560 735	785 1262	1511 2100	1 1	— —	2 1	5 2	22 25	308 300	489 657	684 1114	229 271	— —	— —	— —	1 —	2 2	54 42	71 78	10 14			
Coronary disease, angina	18	M. F.	2852 1025	— —	— —	— —	— —	98 13	1112 341	939 619	702 652	2427 1393	— —	— —	— —	— —	77 13	970 287	806 542	573 551	425 232	— —	— —	— —	— —	— —	21 54	142 77	133 10			
Hypertension with heart disease	19	M. F.	267 361	— —	— —	— —	— —	— 5	50 56	106 147	106 157	217 313	— —	— —	— —	— —	— 4	36 52	82 126	95 134	50 48	— —	— —	— —	— —	— —	1 4	14 21	24 2			
Other heart disease	20	M. F.	1838 2660	— —	1 1	— —	7 3	37 45	282 312	480 579	1031 1720	1571 2306	— —	1 1	— —	5 2	30 41	239 279	414 506	882 1477	267 354	— —	— —	— —	2 1	7 4	43 33	66 73	14 24			
Other circulatory disease	21	M. F.	531 670	— —	— 1	— —	2 —	13 13	96 56	140 153	280 447	446 562	— —	— —	— —	2 —	13 11	81 47	117 135	233 369	85 108	— —	— —	— —	— —	— —	15 9	28 18	4 7			
Influenza	22	M. F.	62 59	3 2	3 2	— —	— 1	4 2	23 14	16 14	13 24	53 52	2 2	2 2	— —	— 1	4 2	21 11	13 12	11 22	9 7	1 —	1 —	— —	— —	— —	— 2	3 3	— 2			
Pneumonia	23	M. F.	550 520	60 63	15 8	4 5	5 1	27 18	90 77	133 106	216 242	465 448	50 55	14 5	2 1	3 1	18 15	80 62	114 96	184 213	85 72	10 8	1 3	2 4	2 —	9 3	10 15	19 10	3 2			
Bronchitis	24	M. F.	1128 508	7 3	1 —	1 1	— 1	20 9	413 114	400 130	286 250	1008 468	6 3	1 —	1 1	— 1	17 8	380 110	355 119	248 226	120 40	1 —	— —	— —	— —	— —	3 1	33 4	45 11			
Other diseases of respiratory system	25	M. F.	182 71	1 2	1 1	1 1	— 1	7 7	99 15	49 22	24 22	159 59	1 1	1 1	1 1	— 1	7 5	85 14	43 17	21 19	23 12	— —	— —	— —	— —	— —	— 2	14 1	6 5			
Ulcer of stomach and duodenum	26	M. F.	140 63	— 1	— —	— —	1 1	6 5	41 17	56 20	36 19	127 51	— —	— —	— —	1 1	6 2	37 15	51 17	32 16	13 12	— —	— —	— —	— —	— —	— 3	4 2	5 3			
Gastritis, enteritis and diarrhoea	27	M. F.	48 56	10 4	2 3	1 —	1 1	3 5	14 14	7 14	10 15	43 48	10 3	2 3	1 —	1 1	2 5	10 11	7 13	10 12	5 8	— —	— —	— —	— —	— 1	4 3	— 1	— —			
Nephritis and nephrosis	28	M. F.	121 112	— —	— 1	— 1	4 1	23 15	41 31	27 30	26 33	103 99	— —	— 1	— 1	4 1	20 14	37 30	24 26	18 26	18 13	— —	— —	— —	— —	— —	3 1	4 1	3 4			
Hyperplasia of prostate	29	M.	163	—	—	—	—	—																								

TABLE 6--ANALYSIS BY AGE-GROUP, SEX AND SITE CLASSIFICATION OF THE NOTIFICATIONS OF TUBERCULOSIS RECEIVED DURING 1958

Site of tubercular infection	0—		1—		5—		10—		15—		20—		25—		35—		45—		55—		65—		TOTAL	
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		M. F.	
	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes	Boh	Sexes
Respiratory system—																								
Primary notifications	2	2	15	14	22	22	28	50	17	18	30	35	55	90	56	54	110	81	88	169	99	57	156	133
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	2	15	14	22	22	28	50	17	18	30	35	55	90	56	54	110	81	88	169	99	57	156	133
Meninges and C.N.S.—																								
Primary notifications	1	1	2	2	2	2	2	2	2	2	4	1	1	1	1	1	1	1	1	1	1	1	1	1
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	1	2	2	2	2	2	2	2	2	4	1	1	1	1	1	1	1	1	1	1	1	1	1
Intestines, peritoneum and mesenteric glands—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bones and joints—																								
Primary notifications	—	—	1	—	4	4	1	5	3	—	3	2	6	11	2	2	3	2	1	1	1	1	1	1
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	1	—	4	4	1	5	3	—	3	2	6	11	2	2	3	2	1	1	1	1	1	1
Skin and subcutaneous cellular tissue—																								
Primary notifications	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lymphatic system—																								
Primary notifications	—	—	6	4	10	5	5	10	7	5	12	1	3	4	—	4	4	2	1	3	3	1	2	2
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	6	4	10	5	5	10	7	5	12	1	3	4	—	4	4	2	1	3	3	1	2	2
Genito-urinary system—																								
Primary notifications	—	—	1	—	—	—	—	—	—	—	—	3	1	4	2	1	3	4	7	11	8	1	8	1
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	1	—	—	—	—	—	—	—	—	3	1	4	2	1	3	4	7	11	8	1	8	1
All other sites—																								
Primary notifications	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inward transfers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

	SEX	RESPIRATORY TUBERCULOSIS												NON-RESPIRATORY TUBERCULOSIS										TOTAL ALL FORMS	
		AGE GROUP—YEARS												AGE GROUP—YEARS										TOTAL M. & F.	
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages
Primary notifications	M.	2	15	22	17	35	56	81	99	133	119	50	629	1	10	12	15	7	2	11	11	3	2	2	76
	F.	2	14	28	13	55	54	88	57	38	28	18	395	1	7	6	9	4	7	17	8	4	3	—	66
Inward transfers	M.	—	7	12	2	4	41	99	53	37	20	10	285	—	—	3	3	2	1	2	—	—	—	—	11
	F.	—	2	9	5	17	77	99	43	12	5	—	269	—	—	—	8	4	1	8	2	2	—	20	31
Total	M.	2	22	34	19	99	97	180	152	170	139	60	914	1	10	15	18	9	3	13	11	3	2	2	87
	F.	2	16	37	18	72	131	187	100	50	33	18	664	1	7	6	12	8	8	25	10	6	3	—	86

TABLE 7—ANTENATAL CLINICS

SUMMARY, BY HEALTH DIVISIONS, OF ANTENATAL AND POST-NATAL ATTENDANCES AND OF RELAXATION CLASSES DURING 1958

Health Division No.	No. of clinics at 31st December, 1958	No. of sessions during year conducted by—		ANTENATAL ATTENDANCES				POST-NATAL ATTENDANCES		RELAXATION CLASSES			
		Medical officers	Midwives	No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending	No. of attendances	No. of classes at end of year	No. of sessions	No. of individuals attending	No. of attendances
1	...	102	—	591	2,031	19.9	3.4	226	245	2	40	85	300
2	...	55	1	106	353	6.3	3.3	18	19	1	41	102	273
3	...	99	29	634	2,831	22.1	4.5	248	275	2	49	78	345
4	...	178	16	1,758	6,862	35.4	3.9	234	234	1	37	75	156
5	...	450	59	1,685	7,408	14.6	4.4	127	134	3	227	470	2,802
6	...	39	159	424	2,142	10.8	5.1	2	2	2	96	201	1,024
7	...	151	—	356	1,520	10.1	4.3	63	92	2	84	68	616
8	...	195	—	1,226	5,872	30.1	4.8	78	89	1	33	29	145
9	...	404	—	1,524	6,268	15.5	4.1	282	290	—	—	—	—
10	...	131	19	362	1,540	10.3	4.3	22	23	—	—	—	—
11	...	448	—	2,038	8,163	18.2	4.0	219	243	5	223	415	2,160
12	...	347	28	1,080	4,646	12.4	4.3	114	116	4	192	376	2,583
13	...	145	146	621	3,156	10.8	5.1	53	53	1	15	9	33
14	...	224	303	1,719	9,122	17.3	5.3	22	22	5	131	236	962
15	...	516	54	2,493	13,236	23.2	5.3	447	501	1	83	329	2,030
16	...	77	66	295	1,657	11.6	5.6	24	24	2	148	443	3,687
17	...	155	—	874	2,709	17.5	3.1	3	3	3	122	169	840
Total—Administrative County ...	88	3,716	880	17,786	79,516	17.3	4.5	2,182	2,365	35	1,521	3,085	17,956

TABLE 8—CHILD WELFARE CENTRES
SUMMARY, BY HEALTH DIVISIONS, OF ATTENDANCES DURING 1958

Health Division No.	No. of centres at—		No. of sessions during year	* No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session
	1st January, 1958	31st December, 1958		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)	
1	...	7	8	308	272	387	3,461	755	968	26.7
2	...	13	15	1,208	1,093	1,475	22,798	4,868	4,271	48.7
3	...	16	16	1,441	943	963	20,125	4,204	3,371	42.5
4	...	27	27	1,891	1,647	1,238	31,762	5,584	4,652	43.1
5	...	13	14	1,708	1,533	1,661	27,314	5,788	5,458	44.9
6	...	13	13	840	814	1,133	15,551	4,373	4,527	36.8
7	...	15	15	1,979	1,594	1,577	31,507	6,253	7,074	54.3
8	...	11	12	1,253	1,122	1,114	23,022	4,911	3,690	43.2
9	...	16	17	2,609	1,999	1,276	33,710	2,963	3,023	33.6
10	...	12	12	990	940	799	17,296	4,420	4,161	41.9
11	...	17	17	2,060	1,589	1,327	36,624	5,599	4,039	42.4
12	...	19	19	1,699	1,336	1,672	30,127	7,143	5,634	37.9
13	...	8	8	881	643	749	15,245	2,583	3,057	54.8
14	...	10	10	1,523	1,316	873	25,362	3,223	1,566	35.0
15	...	13	13	1,868	1,627	1,443	37,381	7,147	4,340	55.2
16	...	7	7	1,169	1,152	1,197	21,984	4,808	3,812	60.2
17	...	13	13	1,512	1,409	859	27,126	4,985	2,904	45.2
TOTAL— Administrative County	230	236	24,939	21,029	19,743	420,395	79,607	66,547	43.6

* Age as at end of year.

* Age as at end of year.

TABLE 10—MOTHER AND BABY HOMES
STATEMENT, BY HEALTH DIVISIONS, SHOWING THE NUMBER OF UNMARRIED EXPECTANT MOTHERS AND POST-NATAL CASES FOR WHOM THE COUNTY COUNCIL ACCEPTED
FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1958

Home	* No. of cases admitted from Health Division No.																	Total— Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Ennismore Hostel, 85, Regent Street, Eccles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1(1)	5(1)
Fylde House of Help, 141, Hornby Road, Blackpool ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
The Grange, Wilpshire, near Blackburn ...	—	4(1)	—	2	3(1)	5(1)	2(1)	1	5	1(1)	9(3)	2(1)	3(1)	8	4(1)	3(1)	8	60(12)
The Home of the Good Samaritan, Grappenhall, near Warrington ...	—	—	—	—	—	—	1	—	2	3	—	—	—	1	—	—	1	7
Huddersfield Mission Home, 16, Queen's Square, Huddersfield	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Lancaster, Morecambe and District Moral Welfare Association,	—	2	2	1	3	3	1	—	—	—	2	—	—	1	—	—	1	14
Girls' Hostel, Queen Street, Lancaster ...	—	—	—	2(1)	—	—	2	—	9(1)	1(1)	—	—	—	—	—	—	—	16(3)
Liverpool Catholic Children's Protection Society—Affiliated Homes	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	4
Manchester and Salford Methodist Mission Home, High Street, Manchester ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Preston Moral Welfare Council, Parkinson House, West Cliff, Preston ...	1	1	1(1)	2(1)	—	—	—	—	—	—	—	—	—	—	—	—	—	5(2)
Sacred Heart Maternity Home, Brettargh Holt, near Kendal ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1(1)	—	2(1)
St. Agnes' House, 15, Mauldeth Road, Withington, Manchester, 20	—	—	—	—	—	—	1(1)	—	—	—	—	—	—	—	4	3	—	8(1)
St. Anne's Maternity Home, Simpson Hill, Heywood ...	—	—	—	—	—	—	3	—	1	—	2	3(1)	—	1	3	4	4	21(1)
St. Bridget's Home, Larche Lane, Chester ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2
St. Margaret's Home, 8, Balmoral Place, Halifax.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
St. Margaret's Home, Goose Green, Wigan ...	—	—	—	—	2	—	1	1	—	1	—	—	1	—	—	—	—	6
St. Monica's Home, 13, Croxteth Road, Liverpool, 8	—	—	—	—	—	—	—	3	3(1)	—	—	2	—	4	—	—	—	12(1)
St. Monica's Maternity Home, 8, Dalton Drive, Sedbergh Road, Kendal ...	5	1	1	1	—	1	—	—	1	2	6	—	2	—	1	—	—	20
St. Teresa's Home and Nursery, 61, Broom Lane, Salford ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2(1)	1	1	7(1)
Salvation Army Home, "Elmswood," North Mossley Hill Road, Liverpool ...	—	—	1	—	—	—	—	—	4	2	—	—	—	1	—	—	—	8
Sutton House, Sutton-on-Hull, Yorkshire	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
TOTAL ...	6	8(1)	6(1)	8(2)	9(1)	9(1)	11(2)	5	26(2)	11(2)	20(3)	7(2)	7(1)	21	15(2)	14(2)	20(1)	203(23)

* These normally are expectant mothers. Post-natal cases are included and also shown separately in brackets. Cases transferred from one home to another are shown against the homes to which they were first admitted.

TABLE 11—DAY NURSERIES
SUMMARY, BY HEALTH DIVISIONS, OF ACCOMMODATION AND ATTENDANCES DURING 1958

Health Division No.		Accommodation and attendances during 1958 (Monday to Friday only)										Position at 31st December, 1958									
		No. of nursery days		Total day places available at ages (in years)		Total attendances at ages (in years)		Proportion (per cent.) of attend-ances to places available (all ages)		No. of nurseries		No. of places approved for children at ages (in years)		On registers		On waiting lists		Categories of parents or guardians whose children were on register		Social cases	Others.
		0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)				
1	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	...	513	10,250	21,755	19,432	7,319	19,432	83.6	85	2	40	42	97	40	56	—	56	56	63	—	—
3	...	232	4,408	7,192	5,985	3,482	5,985	81.6	31	1	19	21	32	8	2	—	2	8	38	—	—
4	...	737	14,003	23,093	17,110	10,900	17,110	75.5	94	3	57	45	88	9	8	—	8	15	110	—	—
5	...	1,952	32,449	55,389	40,894	21,813	40,894	71.4	227	8	133	118	199	17	44	—	44	43	237	—	—
6	...	979	17,866	36,964	27,231	12,477	27,231	72.4	151	4	73	67	141	2	12	—	12	39	144	—	—
7	...	256	6,400	16,640	14,378	2,961	14,378	75.3	65	1	25	21	79	36	75	—	75	19	81	—	—
8	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	...	1,020	13,260	37,740	27,298	10,692	27,298	74.5	148	4	52	63	153	4	3	—	3	75	128	—	—
10	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	...	967	20,552	28,529	22,665	17,111	22,665	81.0	118	4	85	82	114	40	21	—	21	99	97	—	—
12	...	241	4,579	7,471	8,451	3,009	8,451	95.1	31	1	19	14	40	30	44	—	44	10	44	—	—
13	...	987	13,825	23,938	20,396	10,034	20,396	80.6	97	4	56	48	104	45	11	—	11	13	119	—	—
14	...	1,462	18,318	43,424	31,773	12,061	31,773	71.0	178	6	75	66	168	23	20	—	20	28	176	—	—
15	...	979	11,486	25,396	21,626	8,845	21,626	82.6	104	4	47	53	115	65	85	—	85	58	95	—	—
16	...	1,739	18,416	51,370	41,801	14,492	41,801	80.7	198	7	80	70	220	98	108	—	108	79	189	—	—
17	...	1,727	30,711	52,639	49,244	16,960	49,244	79.4	209	7	121	94	256	130	119	—	119	57	286	—	—
TOTAL— Administrative County ...	...	13,791	216,523	431,540	348,284	152,156	348,284	77.2	1,736	56	882	804	1,806	547	608	—	608	599	1,807	—	—

TABLE 12--HOME NURSING
ANALYSIS OF COMPLETED CASES BY SEX AND AGE GROUPS--YEAR ENDED 31ST DECEMBER, 1958

Disease or ailment	Total cases (both sexes)			Males												Females																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	No.	Per cent.		0—			5—			15—			45—			65—			All ages			0—			5—			15—			45—			65—			All ages																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.		No.	Per cent.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
Tuberculosis of respiratory system ...	545	1.6	—	—	—	3	0.4	137	7.1	146	4.0	33	0.6	319	2.5	—	—	2	0.3	157	3.3	53	1.0	14	0.1	226	1.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Note : Percentages are of the total cases of the particular sex/age group.

TABLE 13—HOME NURSING
ANALYSIS OF COMPLETED CASES BY DURATION OF TREATMENTS, FREQUENCY OF VISITS AND DISPOSAL OF CASES
YEAR ENDED 31ST DECEMBER, 1958

Disease or ailment	Total No. of cases	Duration of treatment				Disposal of cases															
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other	
				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system	545	11,941	21.9	45,486	2	83.5	3.8	339	62.2	95	17.4	27	5.0	17	3.1	5	0.9	59	10.8	3	0.6
Other infective and parasitic diseases	567	3,506.9	6.2	11,246	6	19.8	3.2	474	83.6	40	7.1	11	1.9	12	2.1	5	0.9	24	4.2	1	0.2
Cancer	1,517	13,504.3	8.9	66,817	1,113	44.8	5.0	157	10.3	268	17.7	1,022	67.4	35	2.3	9	0.6	23	1.5	3	0.2
Diabetes	596	16,677	28.0	91,218	17	153.1	5.5	130	21.8	108	18.1	41	6.9	142	23.8	6	1.0	163	27.3	6	1.0
Anaemias and other blood diseases	2,428	77,455.1	31.9	99,161	7	40.8	1.3	1,496	61.6	352	14.5	213	8.8	224	9.2	2	0.1	135	5.6	6	0.2
Mental, psychoneurotic disorders	80	922.9	11.5	1,672	18	21.1	1.8	49	61.3	18	22.5	9	11.3	—	—	1	1.3	3	3.8	—	—
Cerebral haemorrhage, cerebral embolism and thrombosis	1,181	12,938	11.0	43,035	133	36.6	3.3	195	16.5	308	26.1	633	53.6	31	2.6	1	0.1	12	1.0	1	0.1
Other diseases of central nervous system	1,385	28,599.7	20.6	81,763	42	59.1	2.9	365	26.4	376	27.1	542	39.1	58	4.2	5	0.4	35	2.5	4	0.3
Diseases of eye, ear and mastoid process	802	1,770.4	2.2	7,464	—	9.3	4.2	753	93.9	29	3.6	—	—	6	0.7	4	0.5	9	1.1	1	0.1
Diseases of heart and circulatory system	3,473	76,745.6	22.1	149,501	233	43.1	2.0	1,415	40.7	715	20.6	935	26.9	203	5.8	18	0.5	175	5.0	12	0.3
Influenza	224	805.7	3.6	3,617	1	16.2	4.5	193	86.2	14	6.3	10	4.5	2	0.9	3	1.3	2	0.9	—	—
Pneumonia	962	3,559.4	3.7	15,133	23	15.8	4.3	704	73.2	134	13.9	103	10.7	9	0.9	4	0.4	6	0.6	2	0.2
Bronchitis	2,448	10,514.6	4.3	35,954	36	14.7	3.4	1,980	80.9	192	7.8	221	9.0	18	0.7	1	0.0	35	1.4	1	0.0
Other diseases of respiratory system	1,518	3,555	2.3	16,014	26	10.6	4.5	1,371	90.3	74	4.9	44	2.9	6	0.4	—	—	22	1.4	1	0.1
Diseases of digestive system	3,280	14,580.7	4.4	43,766	30	13.4	3.0	2,415	73.6	369	11.3	199	6.1	38	1.2	231	7.0	26	0.8	2	0.1
Diseases of genito-urinary system	2,080	48,602.7	23.4	50,415	55	24.3	1.0	1,569	75.4	226	10.9	114	5.5	57	2.7	51	2.5	60	2.9	3	0.1
Diseases of the skin	2,426	17,213.3	7.1	54,108	9	22.3	3.1	2,055	84.7	202	8.3	86	3.5	39	1.6	17	0.7	24	1.0	3	0.1
Diseases of bones and organs of movement (including rheumatism and arthritis)	744	23,544.9	31.6	52,782	17	71.0	2.2	336	45.2	200	26.9	103	13.8	41	5.5	48	6.5	14	1.9	2	0.3
Senility and ill-defined conditions	5,440	52,119.3	9.6	123,784	173	22.8	2.4	1,441	26.5	898	16.5	985	18.1	143	2.6	1,846	33.9	121	2.2	6	0.1
Burns and scalds	424	2,145.4	5.1	7,880	2	18.6	3.7	352	83.0	42	9.9	12	2.8	14	3.3	2	0.5	2	0.5	—	—
Other accidents, injuries, etc.	939	7,598.4	8.1	22,209	12	23.7	2.9	746	79.4	87	9.3	44	4.7	21	2.2	30	3.2	8	0.9	3	0.3
All other conditions	954	6,481.4	6.8	17,158	24	18.0	2.6	691	72.4	146	15.3	34	3.6	9	0.9	12	1.3	59	6.2	3	0.3
TOTAL—Administrative County	34,013	434,781.7	12.8	1,040,183	1,979	30.6	2.4	19,226	56.5	4,893	14.4	5,388	15.8	1,125	3.3	2,301	6.8	1,017	3.0	63	0.2

Note.—Percentages are of the total cases of the particular disease or ailment.

TABLE 14—HOME NURSING

ANALYSIS OF COMPLETED CASES IN EACH HEALTH DIVISION BY SEX, DURATION OF TREATMENT, FREQUENCY OF VISITS
AND DISPOSAL OF CASES—YEAR ENDED 31ST DECEMBER, 1958

Health Division No.	Total cases				Duration of treatment					Disposal of cases																			
	Both sexes	Male		Female		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away		Out-patient X-ray, etc.		Nurse withdrawn		Other					
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	...	777	316	40.7	461	59.3	10,865	14.0	26,614	18	34.3	2.5	453	58.3	119	15.3	109	14.0	48	6.2	18	2.3	27	3.5	3	0.4			
2	...	2,167	801	37.0	1,366	63.0	30,447.1	14.1	67,136	40	31.0	2.2	1,123	51.8	282	13.0	380	17.5	179	8.3	110	5.1	86	4.0	7	0.3			
3	...	1,615	587	36.3	1,028	63.7	22,184.3	13.7	55,075	9	34.1	2.5	752	46.6	303	18.8	321	19.9	101	6.3	114	7.1	16	1.0	8	0.5			
4	...	2,982	1,142	38.3	1,840	61.7	47,045.4	15.8	114,228	238	38.4	2.4	1,720	57.7	353	11.8	539	18.1	126	4.2	150	5.0	84	2.8	10	0.3			
5	...	2,899	1,124	38.8	1,775	61.2	33,030.4	11.4	79,206	24	27.3	2.4	1,311	45.2	429	14.8	459	15.8	58	2.0	576	19.9	65	2.2	1	0.0			
6	...	1,607	580	36.1	1,027	63.9	20,725.4	12.9	45,133	29	28.1	2.2	681	42.4	288	17.9	314	19.5	61	3.8	142	8.8	119	7.4	2	0.1			
7	...	2,257	704	31.2	1,553	68.8	29,576.9	13.1	61,167	194	27.2	2.1	1,433	63.5	302	13.4	315	14.0	80	3.5	25	1.1	97	4.3	5	0.2			
8	...	1,989	780	39.2	1,209	60.8	22,201.4	11.2	55,312	57	27.8	2.5	1,240	62.3	236	11.9	299	15.0	24	1.2	146	7.3	40	2.0	4	0.2			
9	...	4,038	1,681	41.6	2,357	58.4	26,109.6	6.5	84,300	304	21.0	3.2	3,180	78.8	451	11.2	259	6.4	60	1.5	16	0.4	68	1.7	4	0.1			
10	...	1,283	564	44.0	719	56.0	17,833.6	13.9	42,512	324	33.4	2.4	873	68.0	191	14.9	168	13.1	33	2.6	5	0.4	13	1.0	—	—			
11	...	2,174	829	38.1	1,345	61.9	33,099.7	15.2	74,953	20	34.5	2.3	1,226	56.4	305	14.0	384	17.7	42	1.9	153	7.0	60	2.8	4	0.2			
12	...	2,721	1,049	38.6	1,672	61.4	44,278.4	16.3	88,043	86	32.4	2.0	1,533	56.3	368	13.5	466	17.1	71	2.6	190	7.0	85	3.1	8	0.3			
13	...	1,150	467	40.6	683	59.4	17,671.1	15.4	44,744	2	38.9	2.5	665	57.8	162	14.1	165	14.3	27	2.3	104	9.0	26	2.3	1	0.1			
14	...	1,739	684	39.3	1,055	60.7	17,962.1	10.3	48,220	57	27.8	2.7	937	53.9	234	13.5	339	19.5	40	2.3	167	9.6	21	1.2	1	0.1			
15	...	1,697	577	34.0	1,120	66.0	23,176.4	13.7	54,902	206	32.5	2.4	799	47.1	312	18.4	326	19.2	41	2.4	128	7.5	88	5.2	3	0.2			
16	...	1,264	393	31.1	871	68.9	18,702.3	14.8	37,237	322	29.7	2.0	574	45.4	255	20.2	235	18.6	68	5.4	75	5.9	56	4.4	1	0.1			
17	...	1,654	645	39.0	1,009	61.0	19,872.4	12.0	61,401	49	37.2	3.1	726	43.9	303	18.3	310	18.7	66	4.0	182	11.0	66	4.0	1	0.1			
TOTAL—Admin. County	...	34,013	12,923	38.0	21,090	62.0	434,781.7	12.8	1,040,183	1,979	30.6	2.4	19,226	56.5	4,893	14.4	5,388	15.8	1,125	3.3	2,301	6.8	1,017	3.0	63	0.2			

Note.—Percentages are of the total cases in the particular area.

TABLE 15—CARE AND AFTER-CARE—TUBERCULOSIS
STATEMENT BY HEALTH DIVISIONS OF WORK DONE BY TUBERCULOSIS VISITORS DURING 1958

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of sessions attended			No. of home visits					Unclassified home visits	Total
			Day	Dispensary		Other	To cases		To contacts			
				Evening	First visits to new cases		Re-visits	First visits to new contacts	Re-visits			
1	—	—	47	—	3	15	1,343	95	456	97	2,006	
2	5	—	64	—	32	56	1,666	254	1,561	754	4,291	
3	—	—	100	—	—	38	1,115	198	358	17	1,726	
4	2	1	258	—	—	53	5,994	186	2,049	361	8,643	
5	—	—	127	2	14	70	4,956	350	1,016	55	6,447	
6	—	—	185	21	304	111	5,116	411	2,159	34	7,831	
7	—	—	292	6	—	111	3,048	517	2,100	50	5,826	
8	—	—	425	—	—	64	3,506	284	4,324	69	8,247	
9	—	1	735	97	23	180	5,346	925	10,299	122	16,872	
10	—	—	172	41	9	41	2,067	97	1,507	43	3,755	
11	3	—	241	13	—	98	3,285	351	2,162	134	6,030	
12	—	—	271	35	—	58	2,217	122	1,086	47	3,530	
13	—	—	125	25	—	38	2,336	128	911	38	3,451	
14	—	—	123	—	—	106	1,732	284	3,869	234	6,225	
15	—	—	—	—	33	77	3,047	300	387	96	3,907	
16	—	1	—	—	4	77	2,062	254	1,460	383	4,236	
17	1	—	—	—	—	147	2,685	292	1,934	70	5,128	
Total—Administrative County	11	3	3,165	240	422	1,340	51,521	5,048	37,638	2,604	98,151	

TABLE 16—HOME HELP SERVICE

SUMMARY BY HEALTH DIVISIONS OF CASES ATTENDED DURING 1958

Health Division No.	Category of case																Total cases attended per 1,000 population (mid-1958)					
	Home helps employed at 31st December 1958		Total No. of cases attended	Problem families		Confinement				Tuberculosis				Chronic sick (under 65 yrs.)		Chronic sick & aged & infirm (65 yrs & over)		Illness and others				
						At home		Away from home		No. of cases				Per cent.				No. of cases		Per cent.		No. of cases
	Actual No.	Whole-time equivalent	No. of cases	Per cent.	No. of cases	Per cent.	No. of cases	Per cent.	No. of cases	Per cent.	Under 65 yrs.	65 yrs. & over	Total	No. of cases	Per cent.	Under 65 yrs.		65 yrs. & over	Total	Per cent.		
1	...	67	29	343	—	8	2.3	3	0.9	2	—	2	0.6	22	6.4	264	77.0	27	17	44	12.8	8.7
2	...	220	95	994	0.1	33	3.3	16	1.6	5	1	6	0.6	22	2.2	790	79.5	112	14	126	12.7	9.0
3	...	103	47	814	—	37	4.5	18	2.2	7	—	7	0.9	45	5.5	555	68.2	97	55	152	18.7	7.1
4	...	119	83	768	0.4	49	6.4	4	0.5	3	—	3	0.4	50	6.5	605	78.8	51	3	54	7.0	4.5
5	...	254	115	1,375	—	17	1.2	7	0.5	7	1	8	0.6	118	8.6	1,107	80.5	53	65	118	8.6	9.7
6	...	240	91	1,295	—	35	2.7	6	0.5	9	1	10	0.8	75	5.8	1,010	78.0	54	105	159	12.3	14.2
7	...	119	84	1,493	—	109	7.3	60	4.0	16	9	25	1.7	141	9.4	944	63.2	157	57	214	14.3	8.8
8	...	179	72	816	—	34	4.2	—	—	2	3	5	0.6	79	9.7	648	79.4	29	21	50	6.1	7.2
9	...	190	117	1,540	—	77	5	15	1.0	21	1	22	1.4	110	7.1	1,161	75.4	137	18	155	10.1	7.4
10	...	169	72	818	0.7	22	2.7	2	0.2	4	2	6	0.7	44	5.4	657	80.3	66	15	81	9.9	9.3
11	...	272	115	1,372	—	22	1.6	3	0.2	14	2	16	1.2	138	10.1	1,113	81.1	53	27	80	5.8	7.9
12	...	212	69	1,545	—	27	1.7	22	1.4	3	1	4	0.3	55	3.6	1,311	84.9	125	1	126	8.2	11.7
13	...	99	48	666	0.2	27	4.1	—	—	1	—	1	0.2	72	10.8	515	77.3	43	7	50	7.5	9.0
14	...	172	78	1,692	—	44	2.6	6	0.4	8	1	9	0.5	56	3.3	1,527	90.2	42	8	50	3.0	12.5
15	...	118	59	750	—	48	6.4	2	0.3	3	—	3	0.4	12	1.6	609	81.2	61	15	76	10.1	5.5
16	...	101	38	588	—	23	3.9	10	1.7	2	—	2	0.3	16	2.7	428	72.8	63	46	109	18.5	5.7
17	...	172	89	1,413	—	33	2.3	4	0.3	5	—	5	0.4	42	3.0	1,272	90.0	57	—	57	4.0	11.1
Total—Administrative County	...	2,806	1,301	18,282	0.1	645	3.5	178	1.0	112	22	134	0.7	1,097	6.0	14,516	79.4	1,227	474	1,701	9.3	8.6

Note: The percentages given are of the total number of cases in the division.

TABLE 17—HOME HELP SERVICE
SUMMARY BY HEALTH DIVISIONS OF ATTENDANCE UPON CASES DURING 1958

Health Division No.	Total No. of cases attended			No. of cases in which attendance—		Attendance given during period								
	All ages	Under 65 years	65 years and over		Commenced	Ceased	No. of actual hours	No. of actual case days	No. of actual case weeks	Average No. of—				
			No.	Percentage of total cases						Hours per case	Days per case	Hours per day per case	Days per week per case	Weeks per case
1	343	62	281	81.9	181	153	63,939	26,605	9,005	186.4	77.6	2.4	3.0	26.3
2	994	189	805	81.0	545	480	212,762	65,693	25,064	214.0	66.1	3.2	2.6	25.2
3	814	204	610	74.9	514	428	103,047	47,618	17,547	126.6	58.5	2.2	2.7	21.6
4	768	160	608	79.2	457	396	171,651	43,722	17,476	223.5	56.9	3.9	2.5	22.8
5	1,375	202	1,173	85.3	756	660	249,266	93,640	33,488	181.3	68.1	2.7	2.8	24.4
6	1,295	179	1,116	86.2	698	601	186,489	61,207	30,569	144.0	47.3	3.0	2.0	23.6
7	1,493	483	1,010	67.6	1,119	1,082	187,754	60,757	20,536	125.8	40.7	3.1	3.0	13.8
8	816	144	672	82.4	388	313	143,753	50,134	23,709	176.2	61.4	2.9	2.1	29.1
9	1,540	360	1,180	76.6	948	840	248,031	83,404	33,055	161.1	54.2	3.0	2.5	21.5
10	818	144	674	82.4	466	437	161,354	55,800	17,950	197.3	68.2	2.9	3.1	21.9
11	1,372	230	1,142	83.2	654	555	246,178	100,009	38,557	179.4	72.9	2.5	2.6	28.1
12	1,545	232	1,313	85.0	956	1,032	188,936	70,369	28,328	122.3	45.5	2.7	2.5	18.3
13	666	144	522	78.4	339	295	99,684	53,276	17,660	149.7	80.0	1.9	3.0	26.5
14	1,692	156	1,536	90.8	1,165	1,030	171,404	40,086	28,574	101.3	23.7	4.3	1.4	16.9
15	750	126	624	83.2	442	348	120,541	35,598	17,100	160.7	47.5	3.4	2.1	22.8
16	588	114	474	80.6	373	345	91,651	25,652	11,305	155.9	43.6	3.6	2.3	19.2
17	1,413	141	1,272	90.0	896	782	183,621	45,788	28,927	130.0	32.4	4.0	1.6	20.5
Total— Administra- tive County	18,282	3,270	15,012	82.1	10,897	9,777	2,830,061	959,358	398,850	154.8	52.5	2.9	2.4	21.8

TABLE 18—NATIONAL HEALTH SERVICE ACT, 1946—MENTAL HEALTH SERVICE
SUMMARY OF WORK UNDERTAKEN BY DULY AUTHORISED OFFICERS UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890 TO 1930, DURING 1958 AND EACH
OF THE PREVIOUS FIVE YEARS

										1957	1958
1.—Admitted to an establishment designated for the purpose by the Ministry of Health :—											
(a) On a three-days order under section 20 of the Lunacy Act, 1890 ...										1956	1957
(b) On a 14-days order of a Justice under section 21 of the Lunacy Act, 1890 ...										1956	1957
										1956	1957
2.—Summary reception orders made :—											
(a) Patient conveyed to a mental hospital from another hospital or establishment :—											
(i) Following detention on an order under section 20 or 21 of the Lunacy Act, 1890 ...										1956	1957
(ii) Not following detention on an order made under section 20 or 21 of the Lunacy Act, 1890 ...										1956	1957
(b) Patient admitted direct to mental hospital ...										1956	1957
(c) In respect of a patient already in the same mental hospital :—											
(i) As a voluntary patient... ..										1956	1957
(ii) As a temporary patient										1956	1957
(iii) Under the provisions of section 20 or 21 of the Lunacy Act, 1890 ...										1956	1957
3.—Notified as an alleged person of unsound mind or suffering from mental illness and :—											
(a) Dealt with as :—											
(i) A voluntary patient										1956	1957
(ii) A temporary patient										1956	1957
(b) No order made (excludes cases already shown under (a)) ...										1956	1957
4.—Transfers from one mental hospital to another											

TABLE 19—MEDICAL EXAMINATIONS
SUMMARY BY HEALTH DIVISIONS OF MEDICAL EXAMINATIONS CARRIED OUT BY DIVISIONAL MEDICAL STAFFS DURING 1958

Medical examinations undertaken in respect of—																
Health Division No.	Superannuation		Fitness for job—County Council employees		Fitness to enter other local authorities' sickness pay schemes	Fitness to resume work—County Council employees	Children in care of Children's Committee	Mental Deficiency and Lunacy Acts	Employ-ment of children outside school hours	Entry to teachers' training colleges	Entrants to teaching profession (form 28 R.Q.)	Children attending camp schools	Boothstown Remand Home	Others	Total exam-inations	
	Fitness to enter County Council scheme	Fitness to enter other local authority schemes	Medical exam-inations carried out as a result of scrutiny of forms M.E.5													
1	47	21	4	—	23	57	6	—	11	1	26	—	—	196
2	118	51	52	—	2	116	25	168	58	2	13	—	—	605
3	83	347	4	—	2	129	—	801	68	—	110	—	—	1,544
4	132	41	35	—	55	132	20	181	81	21	66	—	—	764
5	94	159	6	4	9	147	18	313	82	—	230	—	18	1,080
6	53	28	—	50	12	99	10	82	43	5	178	—	—	560
7	75	65	9	—	21	46	114	13	103	11	—	—	130	587
8	61	7	—	—	3	73	7	169	44	—	2	—	—	366
9	100	135	19	8	6	319	60	247	81	51	39	—	—	1,065
10	74	38	30	7	4	72	11	59	17	3	6	—	127	448
11	102	7	1	—	1	142	—	253	68	—	302	764	—	1,640
12	84	197	7	—	11	135	—	254	74	—	3	—	—	765
13	35	26	—	14	1	22	10	165	47	4	116	—	—	440
14	81	20	4	—	1	104	33	281	53	6	158	—	6	747
15	64	1	1	—	1	70	13	250	48	—	58	—	—	506
16	34	64	12	8	1	68	7	194	58	20	74	—	—	540
17	101	67	6	36	3	75	9	330	46	—	144	—	—	817
Total— Administrative County	1,338	1,274	190	127	156	1,806	343	3,760	982	124	1,525	764	281	12,670

TABLE 20—continued.

Health Div. No.	Name and address of hostel	*Accommodation capacity at 31st Dec., 1958				Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities										
		M		F		No. at 31st Dec., 1957		Admissions		Discharges		Deaths		No. at 31st Dec., 1958		No. at 31st Dec., 1957		Admissions		Discharges		Deaths		No. at 31st Dec., 1958				
M		F		M		F		M		F		M		F		M		F		M		F		M		F		
8	The Limes, Chorley Road, Standish	—	24	—	23	—	4	—	1	—	3	—	23	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—
	Burtholme, Chorley Road, Worthington ...	19	—	16	—	4	—	3	—	—	—	17	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
	Thorley House, Atherton Road, Hindley ...	25	15	26	14	6	—	1	—	—	6	—	14	25	—	—	—	—	1	—	—	—	—	—	—	—	1	
9	High Carrs, Broadgreen Road, Huyton-with-Roby	8	20	9	20	5	16	6	12	—	4	8	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Huyton Quarry Manor, Manor Farm Road, Huyton-with-Roby	22	28	19	28	13	15	9	10	2	5	21	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10	Golborne House, Derby Road, Golborne...	24	26	27	21	12	29	10	24	5	—	24	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
11	Hourigan House, Myrtle Avenue, Leigh ...	25	25	26	24	10	21	9	18	2	2	25	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12	Hazelhurst, Ramsbottom	9	9	8	9	5	7	1	6	3	1	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Croich Hey, Hawkshaw	15	12	—	—	20	17	4	4	2	1	14	12	—	1	—	—	—	—	—	—	—	—	—	1	—	—	
	Redcliffe, Prestwich	17	15	16	15	7	7	6	7	—	—	17	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Horncliffe House, Rawtenstall	13	25	—	—	21	33	8	6	—	2	13	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
13	Oaklands, Rochdale Road, Milnrow	—	12	—	11	—	7	—	7	—	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Brooklyn, Rochdale Road, Heywood	10	7	11	6	4	6	6	4	1	1	8	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Olive House, Bacup	6	9	6	9	3	5	3	3	—	2	6	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
14	Claremont, 78 Windsor Road, Oldham.....	—	17	—	17	—	9	—	7	—	2	—	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Schofield House, Middleton	18	22	20	21	10	16	7	12	5	3	18	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	The Coppice, 84 Windsor Road, Oldham ...	14	8	14	8	12	11	8	10	4	1	14	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Broadway House, Chadderton	16	34	16	32	9	32	8	25	1	5	16	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
15	Gilda Brook, Preston Avenue, Eccles	25	25	23	25	12	16	9	17	1	3	25	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
16	Grangethorpe, 98-100 Talbot Road, Stretford	12	13	12	13	4	9	4	6	—	3	12	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17	Holme Lea, Astley Road, Stalybridge ...	8	11	7	12	3	2	3	1	—	2	7	11	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
	TOTAL	584	745	493	636	353	524	220	344	58	71	568	745	6	5	2	3	1	3	2	1	3	2	1	5	4	4	

* Variable in most cases according to need for male or female accommodation.

† A further 20 places are available at this Hostel for short stay cases.

‡ A further 10 places are available at this Hostel for short stay cases

TABLE 21.—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1958 (continued)—

(1) In Hostels (continued)—
(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority	Name and address of hostel	Cases which were County Council responsibility									
		No. at 31st December, 1957		Admissions		Discharges		Deaths		No. at 31st December, 1958	
		M	F	M	F	M	F	M	F	M	F
Birkenhead C.B.C.	Eastham House, Eastham, Wirral ...	—	1	1	—	—	1	—	—	1	—
Blackpool C.B.C.	Goodwood Home, Park Road, Blackpool ...	—	—	1	—	—	—	—	—	1	—
Bolton C.B.C.	Egerton Lodge, Turton ...	—	3	1	1	—	1	—	—	1	3
	Holmes Hostel, Bolton ...	—	1	1	1	1	1	—	—	—	1
	Smithills Hall, Bolton ...	—	—	—	2	—	1	—	—	—	1
	Westfield Hostel, Bolton ...	—	2	1	—	—	1	—	—	1	2
	Woodlands Hostel, Bolton ...	—	—	—	2	—	—	—	—	—	1
Burnley C.B.C.	Healey Grange, Roschill Avenue, Burnley ...	—	1	—	—	—	—	—	—	—	—
Bury C.B.C.	Beech Grove, Chesham, Bury ...	—	4	—	2	—	5	1	—	—	—
	Brandesholme House, Bury ...	—	2	—	—	1	2	—	—	—	—
	South View, Bury ...	1	1	—	—	—	1	—	—	—	—
	Chadwick Fields, Middlewich ...	—	1	—	—	—	—	—	—	—	1
Cheshire C.C.	Cranford Lodge, Knutsford ...	—	—	—	1	—	—	—	—	—	1
	The Hill, Knutsford ...	—	1	—	—	—	—	—	—	—	1
	Hulme Hall, Cheadle Hulme ...	—	1	—	—	—	—	—	—	—	1
	Newton House, Newton, Chester ...	—	1	—	—	—	—	—	—	—	1
	Shotwick House, Saughall ...	—	—	—	1	—	—	—	—	—	1
	Aldermoor Lodge, Coventry ...	—	1	—	—	—	1	—	—	—	1
Coventry C.B.C.	The Croft, Kirksanton ...	—	—	—	1	—	—	—	—	—	1
Cumberland C.C.	Fairfield, Huddersfield Road, Halifax ...	—	1	—	—	—	—	—	—	—	1
Halifax C.B.C.	St. John's Andover ...	—	—	1	—	1	—	—	—	1	—
Hampshire C.C.	Morton House, Kingsworthy, Winchester ...	—	—	1	—	—	—	—	—	—	1
	Vesta Lodge, St. Albans ...	—	1	—	—	—	—	—	—	—	1
Hertfordshire C.C.	Longdenholme Hostel, Huddersfield ...	—	—	—	1	—	—	—	—	—	1
Huddersfield C.B.C.	Moorfield House, Leeds ...	1	—	—	—	1	—	—	—	—	—
Leeds C.B.C.	The Hollies, Scunthorpe ...	1	1	—	—	—	1	—	—	—	1
Lincolnshire C.C. (Parts of Lindsey)	Cavendish House, Eccles ...	1	2	—	—	—	1	—	—	—	1
Manchester C.B.C.	Lawnhurst, Didsbury ...	—	—	—	—	—	—	—	—	—	1
	Newbury, Victoria Park, Manchester ...	—	1	—	1	—	—	—	—	1	1
	Nuthurst House, New Moston ...	1	1	1	—	—	—	—	—	1	1
	Park Hall, Victoria Park, Manchester ...	—	—	—	—	—	—	—	—	—	1
	Reston, Southport ...	—	—	—	—	—	—	—	1	—	—
	The Lawns, Norwich ...	—	1	—	—	—	—	—	—	—	—
Norwich C.B.C.	The Hollies, Frederick Street, Oldham ...	—	—	1	2	1	—	—	—	—	—
Oldham C.B.C.	Stamford House, Lees New Road, Lees ...	—	—	—	—	—	2	—	—	—	1
	Hensington House, Woodstock ...	—	1	—	—	—	—	—	—	—	1
Oxfordshire C.C.	Ashton Civic Hostel, Preston ...	—	1	—	—	—	—	—	—	—	—
Preston C.B.C.	Wilson House Hostel, Preston ...	—	1	—	—	—	—	—	—	1	2
	Sunny Bank, Brockholes Brow, Preston ...	—	—	—	1	—	—	—	—	—	1
	Moss Bank, St. Helens ...	1	—	—	—	—	—	—	—	1	1
St. Helens C.B.C.	Nutgrove Hall, St. Helens ...	—	—	—	1	—	—	—	—	—	1

TABLE 21—continued

Managing Authority	Name and address of hostel	Cases which were County Council responsibility									
		No. at 31st December, 1957		Admissions		Discharges		Deaths		No. at 31st December, 1958	
		M	F	M	F	M	F	M	F	M	F
Salford C.B.C. ...	Evasholme, Park Road, Salford	—	1	—	—	—	1	—	—	—	—
...	Granville, Eccles ...	1	—	1	—	1	—	—	—	1	—
Westmorland C.C. ...	Wentworth, Eccles ...	—	3	—	1	—	3	—	—	—	1
...	The Abbey, Staveley ...	—	—	2	—	1	—	—	—	1	—
West Riding C.C. ...	Fayrer Holme, Bowness ...	—	—	—	1	—	—	—	—	—	1
...	Farfield Hall, Addingham	—	—	1	—	1	—	—	—	—	—
Wiltshire C.C. ...	Glenholme, West Vale ...	—	1	—	—	—	—	—	—	—	1
...	Elm Court, Stratton St. Margaret	—	1	—	—	—	—	—	—	—	1
	TOTAL ...	7	38	14	21	9	22	1	2	11	35

TABLE 22—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1958 (continued)—

(2) In former Public Assistance Institutions, etc.—
(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee—
(i) Adults

Health Division No.	Name and address of establishment	Cases which were County Council responsibility												Cases which were responsibility of other Local Authorities																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		Under S.21(1)(a)						Under S.21(1)(b)						Under S.21(1)(a)						Under S.21(1)(b)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		*Accom- modation capacity at 31st Dec.1958		No. at 31st Dec. 1957		Admis- sions		Dis- charges		Deaths		No. at 31st Dec.1958		Admis- sions		Dis- charges		Deaths		No. at 31st Dec.1958		Admis- sions		Dis- charges		Deaths		No. at 31st Dec.1957		Admis- sions		Dis- charges		Deaths		No. at 31st Dec.1958																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	No. at 31st Dec.1958	No. at 31st Dec.1957																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

* Nominal accommodation frequently exceeded owing to pressure of admissions.

† Closed May, 1958.

TABLE 23—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1958 (continued)—
(2) In former Public Assistance Institutions, etc. (continued)—
(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee (continued)—
(ii) *Children at ages (in years)

Health Division No.	Name and address of establishment	†Accommodation capacity at 31st Dec.1958	Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
			Accompanied by an adult					Unaccompanied					Accompanied by an adult					Unaccompanied				
			No. at 31st Dec.1957	Admis- sions	Dis- charges	Deaths	No. at 31st Dec.1958	No. at 31st Dec.1957	Admis- sions	Dis- charges	Deaths	No. at 31st Dec.1958	No. at 31st Dec.1957	Admis- sions	Dis- charges	Deaths	No. at 31st Dec.1958	No. at 31st Dec.1957	Admis- sions	Dis- charges	Deaths	No. at 31st Dec.1958
2	Bay View House, Lancaster	—	—	4	3	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	The Highlands, Wesham	—	2	1	3	13	5	—	—	—	14	—	—	—	—	—	—	—	—	—	—	—
4	Moorlands, Eaves Lane, Chorley	—	—	—	8	7	8	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—
7	74 Wigan Road, Ormskirk	—	—	—	2	8	2	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—
9	Delphside, Warrington Road, Whiston	38	22	15	91	51	88	—	25	14	—	—	3	6	3	5	6	—	—	—	—	—
12	380, Rochdale Old Road, Bury	—	—	—	7	4	7	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—
15	Bridgewater House, Patricroft ...	—	—	—	14	9	13	—	1	—	9	—	—	—	—	—	—	—	—	—	—	—
	TOTAL ...	38	24	20	123	95	121	99	26	16	—	—	3	6	3	5	6	—	—	—	—	—

* i.e. For the purposes of the National Assistance Act, persons under the age of 16 years and, for the purposes of the Children Act, persons under the age of 18 years.
† Where no nominal accommodation is shown, children were admitted as a temporary expedient until other arrangements could be made.

TABLE 24—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1958 (continued)—

(2) In former Public Assistance Institutions, etc. (continued)—
(b) Managed by other Local Authorities, and in which residents of the Administrative County area are accommodated by agreement

Managing Authority		Name and address of establishment		Cases which were County Council responsibility																	
				In respect of accommodation provided under S.21(1)(a)							In respect of accommodation provided under S.21(1)(b)										
				No. at 31st Dec., 1957		Admis- sions		Dis- charges		Deaths		No. at 31st Dec., 1958		Admissions		Discharges		Deaths		No. at 31st Dec., 1958	
				M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blackburn C.B.C.	15	4	2	1	1	1	2	—	14	4	—	—	—	—	—	—	—	—
Bolton C.B.C.	4	6	7	5	4	5	—	—	7	6	—	—	—	—	—	—	—	—
Bradford C.B.C.
Burnley C.B.C.	31	35	8	1	14	12	3	2	22	26	—	—	—	—	—	—	—	—
Halifax C.B.C.
Liverpool C.B.C.
Manchester C.B.C....	2	3	1	—	1	—	—	—	2	3	—	—	—	—	—	—	—	—

Preston C.B.C.	17	19	10	2	6	3	2	1	19	17	—	—	—	—	—	—	—	—
Salford C.B.C.	4	5	1	7	4	6	—	—	1	5	—	—	—	—	—	—	—	—
Salop C.C.
Sheffield C.B.C.	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Stockport C.B.C.
Surrey C.C....
Warrington C.B.C.	4	9	—	—	—	—	—	—	4	9	—	—	—	—	—	—	1	1
Westmorland C.C.
Wigan C.B.C.	5	2	—	—	1	—	—	—	5	2	—	—	—	—	—	—	—	—
		83	83	34	25	34	29	7	4	76	75	2	4	3	8	—	—	1	1
	
Manchester C.B.C.	55	76	6	9	6	7	2	4	53	74	—	—	—	—	—	—	—	—
	
		138	159	40	34	40	36	9	8	129	149	2	4	3	8	—	—	1	1

* Only children under the age of 16 years accompanied by and accommodated in the same establishment as an adult are included.

TABLE 25—(continued)

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1957		Admissions		Discharges		Deaths		No. at 31st Dec., 1958	
		M	F	M	F	M	F	M	F	M	F
Methodist Homes for the Aged ...	Astoria, Colwyn Bay ...	...	...	...	...	...	...	...	...	...	...
	Fulwood Park, Liverpool ...	...	...	...	...	...	...	...	...	...	...
	Moorland House, Hathersage ...	...	...	...	...	...	...	...	...	...	...
Mutual Aid Homes, Ltd.	Starr Hills, St. Annes ...	...	...	...	...	...	...	...	...	...	...
	Westerley, Grange-over-Sands ...	...	...	...	...	...	...	...	...	...	...
	Westerley, Westcliffe-on-Sea ...	...	...	...	...	...	...	...	...	...	...
National Institute for the Deaf ...	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	...	...	...	...	...	...	...	...	...	...
National Spastics Society	Prested Hall Centre, Feering, Kelvedon, Essex	...	...	...	...	...	...	...	...	...	...
	Coombe Farm Centre, Oaks Road, Croydon	...	...	...	...	...	...	...	...	...	...
Old People's Hostels Association	Half Way House, Sefton Drive, Liverpool	...	...	...	...	...	...	...	...	...	...
Peacehaven House Committee	101, Roe Lane, Southport ...	...	...	...	...	...	...	...	...	...	...
Pentacostal Eventide Housing Association, Ltd.	The Brooklands, Bakewell, Derbyshire ...	...	...	...	...	...	...	...	...	...	...
St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham, Herts	...	...	...	...	...	...	...	...	...	...
Salvation Army	Blenheim House, 101, Waterloo Road, Oldham	...	...	...	...	...	...	...	...	...	...
	Dewdown House, 64, Beach Road, Weston-Super-Mare	...	...	...	...	...	...	...	...	...	...
	Elizabeth Walker Eventide Home, Orrell Hey, Bootle	...	...	...	...	...	...	...	...	...	...
	Eventide Home, Holm Hill, West Kirby	...	...	...	...	...	...	...	...	...	...
	Eventide Home, Laurel Bank, Salford	...	...	...	...	...	...	...	...	...	...
	Holt House, Hilton Lane, Prestwich	...	...	...	...	...	...	...	...	...	...
	Laing Memorial Eventide Home, Wicksted Hall, Whitchurch	...	...	...	...	...	...	...	...	...	...
	Mary Fowler Eventide Home, Allerton, Liverpool	...	...	...	...	...	...	...	...	...	...
	Southlands, Hall Nook, Penketh	...	...	...	...	...	...	...	...	...	...
	Beechville, Lostock Park, Bolton	...	...	...	...	...	...	...	...	...	...
	Libury Hall, Munden, near Ware, Herts.	...	...	...	...	...	...	...	...	...	...
Society of Friends	Star and Garter Home, Richmond, Surrey	...	...	...	...	...	...	...	...	...	...
Society of Friends of Foreigners in Distress	The Cove, Silverdale, Carnforth ...	...	...	...	...	...	...	...	...	...	...
Star and Garter Home for Disabled Sailors, Soldiers and Airmen	Turner Memorial Home, Dingle Head, Liverpool	...	...	...	...	...	...	...	...	...	...
Stone Bower Fellowship	Green Pastures, Winterdyne, Bewdley ...	...	...	...	...	...	...	...	...	...	...
Turner Memorial Home of Rest	Residential Club, 58, Elsworth Road, Hampstead	...	...	...	...	...	...	...	...	...	...
Winterdyne Trust	Residential Club, Sharnbrook House, Bedford	...	...	...	...	...	...	...	...	...	...
Women's Voluntary Services	Residential Club, St. Michael's Mount, Liverpool	...	...	...	...	...	...	...	...	...	...
	Yateley Industries for Disabled Girls, Yateley, Hants	...	...	...	...	...	...	...	...	...	...
Yateley Industries for Disabled Girls	St. George's Voluntary Centre for the Disabled, Otley Road, Harrogate	...	...	...	...	...	...	...	...	...	...
Yorkshire Association for the Care of Cripples		...	...	...	...	...	...	...	...	...	...
	TOTAL ...	86	210	41	84	23	48	10	16	94	230

TABLE 26—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES
ACCOMMODATION PROVIDED DURING THE YEAR 1958 (continued)—

(3) In Establishments managed by Voluntary Organisations (residents normally belonging to the Administrative County area) (continued)—
(b) Homes for the Blind

Voluntary organisation	Name and address of establishment	No. at 31st Dec., 1957		Admissions		Discharges		Deaths		No. at 31st Dec., 1958	
		M	F	M	F	M	F	M	F	M	F
Blackpool and Fylde Society for the Blind ...	Sunbeam Home of Rest, Newton Drive, Blackpool ...	1	7	2	3	—	3	1	2	2	5
Catholic Blind Institute ...	59 Brunswick Road, Liverpool, 6... ..	2	—	—	2	—	2	—	—	2	—
Fulwood Workshops for the Blind ...	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	4	9	1	—	2	—	—	—	3	9
Henshaw's Institution for the Blind ...	Mary Ann Scott Home, Southport Thomas Briggs Lomas Home, Rhyl	—	7	—	—	—	—	—	—	—	7
Liverpool Home Teaching Society for the Blind ...	Ashby House, Parkfield Road, Liverpool Ash Lea Boarding House for Women, Aigburth Road, Liverpool Henderson Holiday Home, South Shore, Blackpool	1	—	1	—	1	—	—	—	1	—
Manchester and Salford Blind Aid Society ...	"Elms," Pendleton Godfrey Ermen Memorial Home, Southport "Oaklands," Pendleton	—	4	—	3	—	—	—	1	—	6
		3	—	4	1	3	1	1	1	2	—
		9	5	—	—	—	—	—	—	9	4
	"Cleveland's" and "Dunwithins," Chorley New Road, Bolton	—	16	—	—	—	—	—	1	—	15
North London Homes for the Blind ...	"Oaklands," Huddersfield Road, Holmfirth "Springhill," Nelson	1	—	—	2	—	1	—	—	1	1
North Regional Association for the Blind ...		9	6	3	5	—	5	1	—	11	6
Royal National Institute for the Blind ...	"Fellowship House," Hoylake "Leeds House," New Brighton "Oldbury Grange," Bridgnorth Royal School for the Blind, Leatherhead "Tate House," Home for the Deaf-Blind, Harrogate	—	—	1	—	—	—	—	—	1	—
		1	—	1	1	1	1	—	—	1	—
		2	1	—	—	—	—	—	—	2	1
	TOTAL ...	38	57	16	19	7	13	5	5	42	58

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								UNFIT DWELLINGS					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Abram.....	20	8	18	8	—	—	2	—	160	499	—	138	132	48
Acerington (B)	16	—	—	—	—	—	16	—	229	517	2	207	178	8
Adlington	52	—	—	—	—	—	52	—	27	37	—	33	17	5
Ashton-in-Makerfield	147	—	54	—	—	—	93	—	366	1,118	20	88	200	115
Ashton-under-Lyne (B)	134	36	55	36	—	—	79	—	1,645	2,507	38	1,291	1,003	—
Aspull	28	—	18	—	—	—	10	—	151	192	7	94	96	3
Atherton	53	52	50	52	—	—	3	—	911	1,281	19	104	381	40
Audenshaw	13	—	—	—	—	—	13	—	173	288	7	173	251	3
Bacup (B)	14	—	14	—	—	—	—	—	210	225	110	117	124	41
Barrowford.....	3	—	—	—	—	—	3	—	63	127	6	63	61	12
Billinge & Winstanley	54	30	—	30	—	—	54	—	101	173	23	76	19	23
Blackrod	2	—	—	—	—	—	2	—	140	207	—	42	23	2
Brierfield	7	—	—	—	—	—	7	—	103	269	—	77	72	—
Carnforth	1	—	—	—	—	—	1	—	8	16	—	8	8	—
Chadderton	142	—	51	—	—	—	91	—	2,688	5,376	21	237	247	109
Chorley (B)	111	8	78	8	—	—	33	—	1,070	3,490	1	602	672	26
Church	10	—	—	—	—	—	10	—	33	39	1	33	30	—
Clayton-le-Moors	—	—	—	—	—	—	—	—	54	126	—	43	34	—
Clitheroe (B)	21	—	6	—	—	—	15	—	45	125	4	7	1	—
Colne (B)	29	22	24	22	—	—	5	—	375	972	58	174	174	4

TABLE 27—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								UNFIT DWELLINGS					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Crompton	86	20	8	20	—	—	78	—	798	1,620	57	135	107	49
Crosby (B)	130	42	38	—	—	—	92	42	3,433	7,297	8	1,165	1,392	—
Dalton-in-Furness	6	—	—	—	—	—	6	—	74	117	4	57	19	—
Darwen (B)	40	32	34	32	2	—	4	—	166	1,944	9	157	32	27
Denton	551	—	32	—	—	—	519	—	987	1,652	5	214	239	8
Droylsden	16	48	16	48	—	—	—	—	228	717	101	228	226	52
Eccles (B)	84	76	66	76	—	—	18	—	2,528	4,205	13	877	609	116
Failsworth	104	—	20	—	—	—	84	—	437	1,102	46	227	134	5
Farnworth (B)	40	—	36	—	—	—	4	—	230	787	3	137	112	71
Fleetwood (B)	130	72	34	72	—	—	96	—	464	823	46	122	131	—
Formby	150	—	—	—	—	—	150	—	136	217	13	83	123	4
Fulwood	216	2	—	2	—	—	216	—	243	672	1	138	139	—
Golborne	326	—	148	—	—	—	178	—	223	1,120	9	184	178	28
Grange	14	4	—	—	—	—	14	4	60	99	—	43	32	—
Great Harwood	36	—	—	—	—	—	36	—	84	180	3	24	45	—
Haslingden (B)	32	20	25	20	—	—	7	—	509	773	—	43	43	26
Haydock	61	—	2	—	—	—	59	—	404	901	2	360	318	2
Heywood (B)	38	76	32	76	—	—	6	—	918	2,743	30	871	545	178
Hindley	75	—	47	—	—	—	28	—	527	1,358	—	499	248	52
Horwich	35	—	—	—	—	—	35	—	851	2,454	38	744	764	—
Huyton-with-Roby	187	—	106	—	—	—	81	—	1,157	2,505	—	170	140	1

TABLE 27—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								UNFIT DWELLINGS					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Ince-in-Makerfield	10	—	4	—	—	—	6	—	595	1,043	—	287	236	—
Irlam	85	—	24	—	—	—	61	—	229	978	38	143	116	8
Kearsley	42	—	27	—	—	—	15	—	41	81	1	40	30	33
Kirkby	1,004	757	—	—	976	757	28	—	33	51	—	33	33	—
Kirkham	2	—	—	—	—	—	2	—	302	1,026	—	337	215	—
Lancaster (B)	76	8	46	8	—	—	30	—	214	524	9	112	65	22
Lees	—	4	—	4	—	—	—	—	229	401	—	87	74	—
Leigh (B)	173	68	106	68	—	—	67	—	566	2,333	172	363	214	49
Leyland	49	44	1	44	—	—	48	—	76	182	17	26	48	16
Litherland	155	28	137	28	—	—	18	—	2,165	2,919	80	155	155	—
Littleborough	1	—	—	—	—	—	1	—	720	1,082	3	96	84	—
Little Lever	2	—	—	—	—	—	2	—	150	399	43	12	12	13
Longridge	18	—	—	—	—	—	18	—	185	220	4	28	22	1
Lytham St. Annes (B)	183	52	—	52	—	—	183	—	44	249	3	10	10	—
Middleton (B)	336	116	4	16	133	100	199	—	1,328	1,484	2	—	609	70
Milnrow	7	—	—	—	—	—	7	—	73	208	15	57	56	—
Morecambe & Heysham (B)	227	43	22	24	—	—	205	19	1,128	1,966	14	807	557	13
Mossley (B)	15	32	14	32	—	—	1	—	559	834	64	105	104	26
Nelson (B)	21	—	16	—	—	—	5	—	112	661	—	119	84	3
Newton-le-Willows	120	—	84	—	—	—	36	—	277	1,147	63	168	168	31
Ormskirk	182	16	101	16	4	—	77	—	589	1,012	12	209	188	40

TABLE 27—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished		
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats								
Orrell	113	1	—	—	—	—	113	1	503	1,721	22	408	256	25		
Oswaldtwistle	31	—	2	—	—	—	29	—	39	93	1	39	35	—		
Padiham	18	—	16	—	—	—	2	—	247	415	—	60	62	1		
Poulton-le-Fylde	283	—	—	—	—	—	283	—	120	249	43	20	7	1		
Preesall	7	—	—	—	—	—	7	—	38	76	8	20	20	3		
Prescot	26	—	22	—	—	—	4	—	610	1,699	6	247	257	34		
Prestwich (B)	19	—	4	—	—	—	15	—	384	791	1	95	105	1		
Radcliffe (B)	81	44	62	44	—	—	19	—	450	520	120	173	46	125		
Rainford	74	—	—	—	2	—	72	—	32	102	—	20	10	—		
Ramsbottom	22	—	6	—	—	—	16	—	8	127	8	—	—	46		
Rawtenstall (B)	11	—	—	—	—	—	11	—	332	653	43	289	265	33		
Rishton	8	—	—	—	—	—	8	—	64	202	—	59	62	—		
Royton	70	20	—	20	—	—	70	—	283	436	21	2	33	40		
Skelmersdale	42	—	33	—	—	—	9	—	686	1,945	15	295	335	8		
Standish-with-Langtree	158	48	26	48	—	—	132	—	257	322	4	137	137	5		
Stretford (B)	20	4	—	4	—	—	20	—	840	3,192	4	485	794	—		
Swinton & Pendlebury (B)	172	41	61	41	—	—	111	—	736	4,127	25	306	647	72		
Thornton Cleveleys	314	—	—	—	—	—	314	—	40	175	—	23	12	1		
Tottington	6	—	—	—	—	—	6	—	60	82	8	—	6	—		
Trawden	—	—	—	—	—	—	—	—	35	54	—	—	—	—		
Turton	150	22	—	—	—	—	150	22	354	408	3	278	279	5		

TABLE 27—continued

URBAN DISTRICTS	NEW HOUSES ERECTED DURING YEAR								UNFIT DWELLINGS					
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats						
Tyldesley	14	—	—	—	—	—	14	—	231	822	3	55	61	8
Ulverston	29	—	21	—	—	—	8	—	175	463	—	29	23	22
Up Holland	48	—	10	—	—	—	38	—	143	168	18	14	—	22
Urmston	261	—	39	—	—	—	222	—	212	823	32	180	162	22
Walton-le-Dale	189	16	30	16	—	—	159	—	810	936	—	258	233	5
Wardle	6	—	—	—	—	—	6	—	16	57	1	15	12	—
Westhoughton	103	—	33	—	—	—	70	—	165	1,032	45	114	104	41
Whitefield	114	—	40	—	—	—	74	—	51	422	20	31	51	19
Whitworth	—	—	—	—	—	—	—	—	281	337	12	26	292	1
Widnes (B)	321	—	249	—	—	—	72	—	1,422	3,555	380	—	601	79
Withnell	—	—	—	—	—	—	—	—	34	37	—	9	8	—
Worsley	444	134	68	36	273	98	103	—	381	1,103	8	187	76	35
Total Urban Districts	9,076	2,046	2,320	1,003	1,390	955	5,366	88	42,663	96,814	2,096	17,153	17,370	2,037

TABLE 27—continued

RURAL DISTRICTS	NEW HOUSES ERECTED DURING YEAR										UNFIT DWELLINGS				
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit	No. demolished	
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							Houses	Flats
Blackburn	97	—	—	—	—	—	97	—	110	376	—	36	75	3	
Burnley	25	—	6	—	—	—	19	—	162	335	34	48	62	14	
Chorley	135	18	33	18	—	—	102	—	221	468	—	75	75	45	
Clitheroe	11	—	—	—	—	—	11	—	118	182	—	38	40	9	
Fylde	54	—	12	—	—	—	42	—	78	153	1	18	18	4	
Garstang	72	4	16	—	—	—	56	4	81	156	10	42	40	5	
Lancaster	76	—	—	—	—	—	76	—	210	388	2	195	185	3	
Lunesdale	97	—	20	—	—	—	77	—	146	203	2	58	48	5	
Preston	286	10	64	10	5	—	217	—	177	295	23	65	27	42	
Ulverston	21	—	—	—	—	—	21	—	134	227	16	41	21	15	
Warrington	271	9	30	9	—	—	241	—	361	1,117	17	219	179	29	
West Lancashire	723	28	45	24	3	—	675	4	557	1,280	8	10	463	7	
Whiston	717	—	54	—	222	—	441	—	1,687	3,527	29	289	260	57	
Wigan	88	—	4	—	—	—	84	—	340	682	16	12	6	—	
Total Rural Districts	2,673	69	284	61	230	—	2,159	8	4,382	9,389	158	1,146	1,499	238	
Total Urban Districts	9,076	2,046	2,320	1,003	1,390	955	5,366	88	42,663	96,814	2,096	17,153	17,370	2,037	
Total Administrative County	11,749	2,115	2,604	1,064	1,620	955	7,525	96	47,045	106,203	2,254	18,299	18,869	2,275	

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